NICE National Institute for Health and Care Excellence

Keeping technology appraisals up to date: identifying the evidence for review proposal projects at NICE

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Introduction

NICE is responsible for making recommendations on whether new medicines and other treatments should be funded for routine use in the National Health Service in England. NICE published 311 technology appraisals (TAs) between 1 March 2000 and 30 April 2014, of which 109 (35%) involved anti-cancer agents.

NICE established a work programme in 2003, known as review proposal projects (RPPs), to monitor the TAs on a regular basis. The RPP is the point at which NICE considers whether there is sufficient new evidence for an appraisal committee to be asked to undertake a full review and update. The RPP procedures were revised in 2009. They involve considering new evidence on:

- **effectiveness and uptake of the technology**
- **changes to marketing authorisation**
- **additional clinical trials**
- **safety information**
- **pricing changes**
- **comparator technologies.**

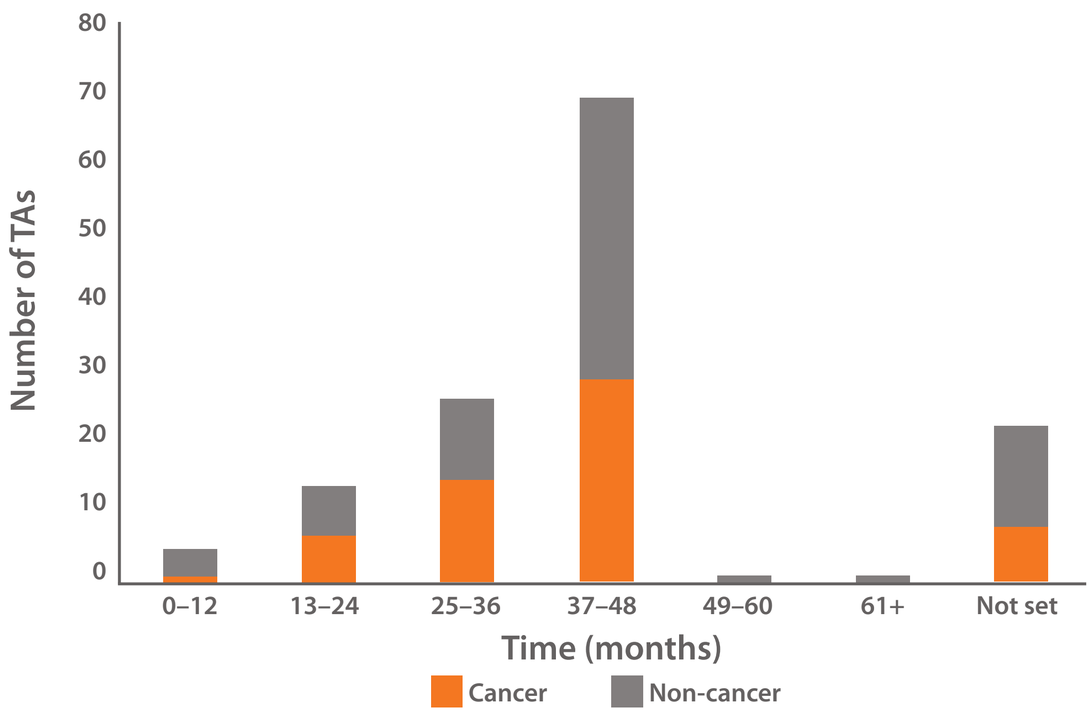
Process

Shortly before the TA is published NICE sets the RPP date, which is influenced by anticipated changes that could affect the recommendations. Figure 1 shows planned RPP dates for the 142 TAs published between January 2009 and April 2014.

Typical signals that an RPP will be needed include price changes, clinical trial results and new comparators coming to market. No specific date is set if the RPP will depend on external factors, such as the marketing authorisation of a new comparator technology.

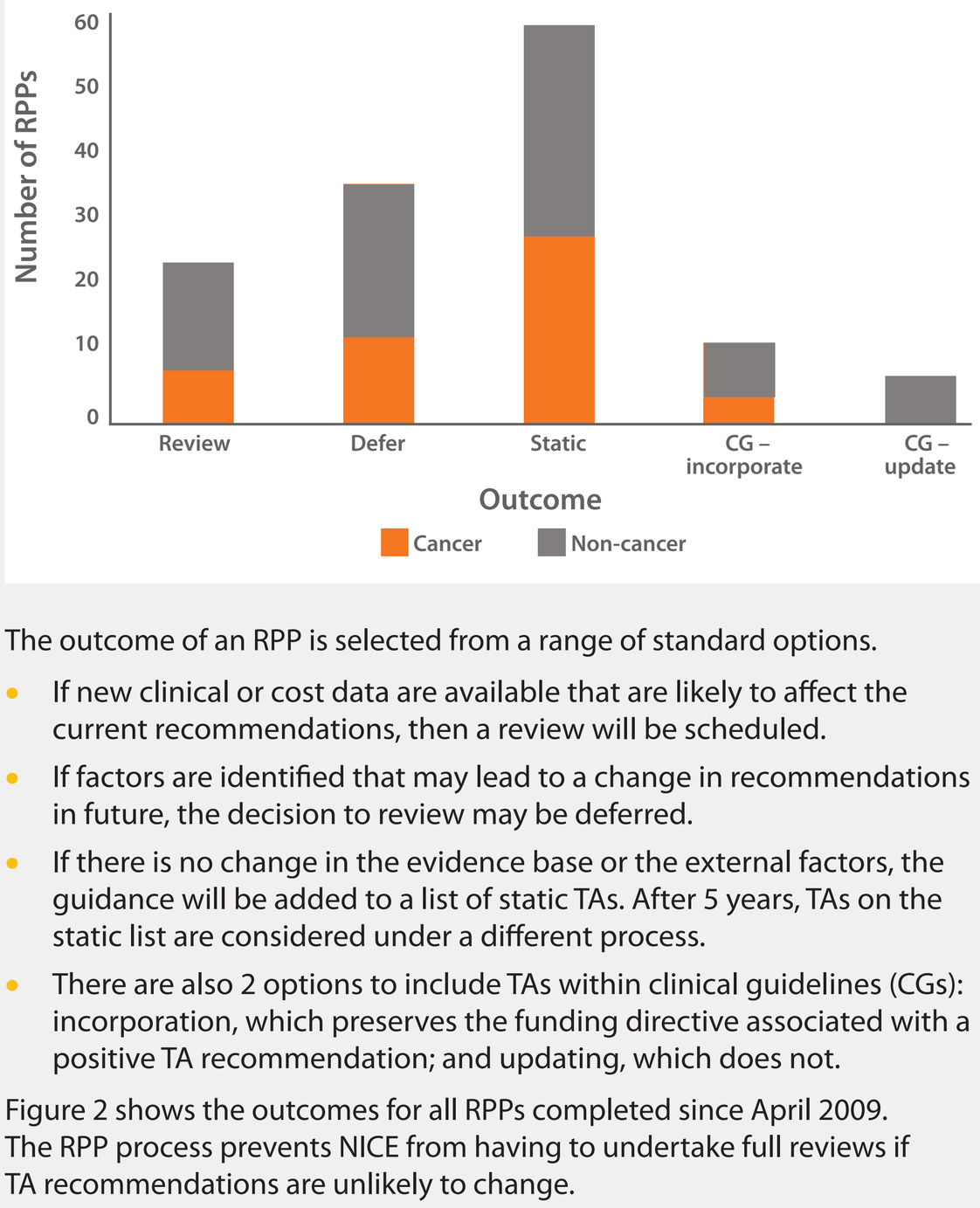
Information specialists conduct searches of published literature and trial registries, screen search results and compile additional evidence. Sources searched for each RPP include: Medline, Embase, Cochrane Library, Clinicaltrials.gov, UKCRN portfolio database, ISRCTN registry, BNF, Electronic Medicines Compendium and New Drugs Online. Stakeholders have an opportunity to submit additional evidence for NICE to consider.

Figure 1: Time between TA publication and RPP date



Outcomes

Figure 2: RPP outcomes since April 2009



The outcome of an RPP is selected from a range of standard options.

- If new clinical or cost data are available that are likely to affect the current recommendations, then a review will be scheduled.
- If factors are identified that may lead to a change in recommendations in future, the decision to review may be deferred.
- If there is no change in the evidence base or the external factors, the guidance will be added to a list of static TAs. After 5 years, TAs on the static list are considered under a different process.
- There are also 2 options to include TAs within clinical guidelines (CGs): incorporation, which preserves the funding directive associated with a positive TA recommendation; and updating, which does not.

Figure 2 shows the outcomes for all RPPs completed since April 2009. The RPP process prevents NICE from having to undertake full reviews if TA recommendations are unlikely to change.

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