NICE National Institute for Health and Care Excellence

NICE guidance

Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer

Technology appraisal guidance
Published: 17 September 2024

www.nice.org.uk/guidance/ta1007

Your responsibility

The recommendations in this guidance represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this guidance is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card Scheme.

Commissioners and/or providers have a responsibility to provide the funding required to enable the guidance to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

This guidance replaces TA611.

1 Recommendations

1.1 Rucaparib is recommended, within its marketing authorisation, as an option for the maintenance treatment of relapsed platinum-sensitive high-grade epithelial, ovarian, fallopian tube or primary peritoneal cancer that has completely or partially responded to platinum-based chemotherapy in adults. Rucaparib is only recommended if the company provides it according to the commercial arrangement.

1.2 If people with the condition and their healthcare professional consider rucaparib to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account.

Why these recommendations were made

This evaluation reviews the evidence for rucaparib for the maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer from NICE technology appraisal guidance 611. It also reviews data from a clinical trial and people having treatment in the NHS in England collected as part of the managed access agreement.

Standard maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer includes niraparib and olaparib.

There are no direct comparisons of rucaparib with niraparib or olaparib. But the results of an indirect comparison suggest that rucaparib is likely to work as well as niraparib in terms of how long people live and how much time they have until the cancer progresses. The company considers the results of an indirect comparison with olaparib to be confidential, so they cannot be reported here.

The company considers niraparib to be the main comparator for rucaparib. Using NICE's cost-comparison methods, rucaparib only needs to provide similar or greater health

benefits at similar or lower costs to 1 relevant comparator to be recommended as a treatment option. A cost comparison suggests that rucaparib has similar or lower costs and similar overall health benefits to niraparib. So, rucaparib is recommended.

For all the evidence, see the committee papers. To see what NICE did for niraparib, see the committee discussion section in NICE's technology appraisal guidance on niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer.

2 Information about rucaparib

Marketing authorisation indication

2.1 Rucaparib (Rubraca, Pharm&) is indicated 'as monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy'.

Dosage in the marketing authorisation

2.2 The dosage schedule is available in the summary of product characteristics for rucaparib.

Price

2.3 The list price of rucaparib is £3,562 per 60-tablet pack of 300-mg, 250-mg or 200-mg tablets (excluding VAT, BNF online, accessed August 2024).

2.4 The company has a commercial arrangement. This makes rucaparib available to the NHS with a discount. The size of the discount is commercial in confidence.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 3 months of its date of publication. Because rucaparib has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

3.2 Chapter 2 of Appraisal and funding of cancer drugs from July 2016 (including the new Cancer Drugs Fund) – A new deal for patients, taxpayers and industry states that for those drugs with a draft recommendation for routine commissioning, interim funding will be available (from the overall Cancer Drugs Fund budget) from the point of marketing authorisation, or from release of positive draft guidance, whichever is later. Interim funding will end 90 days after positive final guidance is published (or 30 days in the case of drugs with an Early Access to Medicines Scheme designation or cost-comparison evaluation), at which point funding will switch to routine commissioning budgets. The NHS England Cancer Drugs Fund list provides up-to-date information on all cancer treatments recommended by NICE since 2016. This includes whether they have received a marketing authorisation and been launched in the UK.

3.3 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 2 months of the first publication of the final draft guidance.

3.4 When NICE recommends a treatment 'as an option', the NHS must make sure it is available within the period set out in the paragraphs above. This means that, if a patient has relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer and the healthcare professional responsible for their care thinks that rucaparib is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

The 4 technology appraisal committees are standing advisory committees of NICE. This topic was considered by the lead team of committee A, which includes the chair and vice chair.

Committee members are asked to declare any interests in the technology being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that evaluation.

Chair and vice chair

Radha Todd and James Fotheringham
Chair and vice chair, committee A

NICE project team

Each evaluation is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the evaluation), a technical adviser, and a project manager.

Emma McCarthy
Technical lead

Eleanor Donegan
Technical adviser

Thomas Feist
Project manager

Janent Robertson
Associate director

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