

From the Rt Hon Andrew Stephenson CBE MP Minister of State for Health and Secondary Care

> 39 Victoria Street London SW1H 0EU

PO-1486751

lain Stewart MP By email to: <u>iain.stewart.mp@parliament.uk</u>

5 January 2024

Dear lain,

Thank you for your correspondence of 19 December about abiraterone.

I am grateful to you for raising these concerns.

As you may know, in the UK the Medicines and Healthcare products Regulatory Agency needs to grant a licence for a medicine before it can be marketed. Licences confirm the health condition the medicine should be used for and the recommended dosage. Newly licensed medicines are appraised by the National Institute for Health and Care Excellence (NICE), which is the independent body that provides evidence-based guidance for the NHS on whether new medicines represent a clinically and cost-effective use of resources. It is important to note that NICE is only able to appraise medicines in relation to the conditions they have been licensed for. The NHS is legally required to fund medicines recommended by NICE, usually within three months of final guidance.

NICE has published guidance recommending abiraterone for the treatment of metastatic hormone-relapsed prostate cancer before chemotherapy is indicated, and for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen. NHS England therefore funds abiraterone for these indications, making it routinely available for clinicians to prescribe to eligible patients.

Abiraterone is not licensed for the treatment of non-metastatic prostate cancer and has therefore not been appraised by NICE for such use. However, I understand that NHS England has received a clinical policy proposal for abiraterone as a treatment option for patients newly diagnosed with high-risk, non-metastatic, hormone-sensitive prostate cancer, or in whom prostate cancer has recurred after at least 12 months without treatment. I understand from NHS England that this is being considered through its policy work programme. Further information about this can be found at www.england.nhs.uk/commissioning/spec-services/key-docs.

As I am sure you are aware, health is largely a devolved matter and decisions on the availability of individual treatments to NHS patients in Wales, Scotland and Northern Ireland are for their own governments. However, I would like to assure you that the UK Government wants to support consistent access to new medicines for patients, while respecting the right of each nation to make decisions on the basis of its own priorities and population needs. I also hope you will appreciate that it would not be appropriate for me to intervene in NHS England's processes for considering clinical policies.

I hope this reply is helpful.

Yours sincerely,

THE RT HON ANDREW STEPHENSON CBE MP MINISTER OF STATE