Specialised Commissioning Drugs Briefing: Spring 2017

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Specialised Services Circulars

The following circulars, with corresponding letters sent to Trusts, have been published on SharePoint (an internal NHS England website) since September 2016:

- 1733: NICE Technology Appraisal 425: Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia
  
  *NHS England to routinely commission dasatinib for imatinib-resistant or intolerant chronic myeloid leukaemia from 21st March 2017*

- 1732: NICE Technology Appraisal 426: Dasatinib, Nilotinib and Imatinib for untreated Chronic Myeloid Leukaemia
  
  *NHS England to routinely commission dasatinib for untreated Chronic Myeloid Leukaemia from 21st March 2017. The letter also highlights that patients should routinely be commenced on imatinib in the first instance unless it is clinically inappropriate to do so.*

- 1731: Commissioning Medicines for Children in Specialised Services

  *NHS England Policy for considering requests for medicines for children where there is an existing NICE TA/NHS England policy relating to adults – see further detail below*

- 1730: NICE Technology Appraisal 424: Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer

  *NHS England to routinely commission pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer from 21st March 2017*

- 1729: NICE Technology Appraisal 422: Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer

  *NHS England to routinely commission crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer from 21st March 2017*

- 1728: Commissioning for Serum Eye Drops

  *Confirmation that funding for serum eye drops is part of tariff payment as confirmed by NHS Improvement*

- 1727: NHS England Interim Clinical Commissioning Policy: Adalimumab for Adults with Severe Refractory Uveitis

  *NHS England to commission adalimumab for adult patients with severe refractory uveitis ie those patients who have failed two recognised treatments and remain on high dose prednisolone. The policy will be displaced by the NICE MTA expected to be published in July*

- 1726: Individual Funding Requests relating to treatments commissioned by NHS England Specialised Services: Continuation of funding for chemotherapy following a break in treatment

  *A new process for considering such requests has been introduced – see below for further detail*
• 1725: Individual Funding Requests relating to treatments commissioned by NHS England Specialised Services: Continuation of funding for medicines following initial approval

  *A new process for considering such requests has been introduced – see below for further detail*

• 1724: Publication of Clinical Commissioning Policy (16054/P) for Eculizumab in the treatment of recurrence of C3 glomerulopathy post-kidney transplant

  *NHS England to commission eculizumab for patients with recurring C3 glomerulopathy following a kidney transplant.*

• 1723: Publication of Clinical Commissioning Policy 16055/P for Riociguat in the treatment of Pulmonary Hypertension

  *NHS England to commission riociguat in the treatment of Pulmonary Hypertension. Riociguat is available at a commercial in confidence discount. This discount also applies to its use in CTEPH.*

• 1720: Treatments for Graft versus Host Disease (GvHD) following Haematopoietic Stem Cell Transplantation

  *NHS England has approved a policy to commission second line treatments for GvHD following HSCT in accordance with the criteria outlined in policy F01X08. A letter has been issued to trusts explaining how the service will be organised including access to apheresis – the policy, yet to be published, outlines what treatments will be funded depending on the presentation of the GvHD.*

• 1713: Availability of lenvatinib for treating locally advanced/unresectable/metastatic differentiated thyroid cancer after radioactive iodine

  *Information regarding access to lenvatinib which is available under a compassionate use scheme*

• 1709: NICE Technology Appraisal 428: Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy

  *NHS England to routinely commission pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy from 10th February 2017. The letter also includes details regarding access to the PD-L-1 test*

• 1707: Early Access to Medicines Scheme – Atezolizumab for the treatment of locally advanced or metastatic urothelial carcinoma in adults

  *Access to atezolizumab for patients with locally advanced or metastatic urothelial carcinoma in adults has been opened through the Early Access to Medicines Scheme from 23rd January 2017. Access will continue until the product receives its Marketing Authorisation. For information regarding access please contact Roche by email at welwyn.atezolizumabeams@roche.com*
• 1705: Technology Appraisal 397: Belimumab for treating active autoantibody-positive systemic lupus erythematosus: Supplementary information to Specialised Services Circular 1659

Provides further information regarding the commissioning of belimumab

• 1703: Paediatric Insulin Pump & Continuous Glucose Monitoring – Change in Responsible Commissioner from NHS England to Clinical Commissioning Groups

Provides information to Trusts regarding a change to the responsible commissioner for insulin pumps. All insulin pumps to be commissioned via CCGs from April 1st 2017.

• 1702: NICE Technology Appraisal 421: Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (Cancer Drugs Fund reconsideration of TA295)

NHS England to routinely commission everolimus with exemestane for treating advanced breast cancer after endocrine therapy from 21st December 2016

• 1701: NICE Technology Appraisal 423: Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens

NHS England to routinely commission eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens from 21st December 2016

• 1700: NICE Technology Appraisal 417: Nivolumab for previously treated advanced renal cell carcinoma

NHS England to routinely commission nivolumab for previously treated advanced renal cell carcinoma from 23rd December 2016

• 1699: NICE Technology Appraisal 412: Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases

NHS England to routinely commission radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases from 27th December 2016. To note this is an update of a previous NICE TA which allows use of radium in patients unable to tolerate or are not suitable for docetaxel

• 1693: Clinical Commissioning Policy 16052/P: Pasireotide diaspartate injectable medical therapy for the treatment of Cushing’s disease

NHS England to routinely commission pasireotide for Cushing’s disease.

• 1692: Clinical Commissioning Policy 16049/P: Ivacaftor for Children (2 to 5) with Cystic Fibrosis (named mutations)

NHS England to routinely commission ivacaftor for children aged 2 to 5 for defined mutations

• 1690: Clinical Commissioning Policy 16050/P: Pegvisomant for acromegaly as a third-line treatment (adults)

NHS England to routinely commission pegvisomant for acromegaly as third line treatment
• 1689: Clinical Commissioning Policy 16066/P: Everolimus for Subependymal Giant Cell Astrocytoma (SEGA) associated with Tuberous Sclerosis Complex

**NHS England to routinely commission everolimus for SEGA**

• 1688: Not Routinely Clinical Commissioning Policy 16055/P: Riociguat for Pulmonary Arterial Hypertension – superceded by SCC 1723

• 1687: Not Routinely Clinical Commissioning Policy 16054/P: Eculizumab in the treatment of recurrence of C3 glomerulopathy post-transplant – superceded by SCC 1724

• 1686: Clinical Commissioning Policy 16051/P: Tolvaptan for hyponatraemia secondary to the Syndrome of Inappropriate Antidiuretic Hormone (SIADH) in patients requiring cancer chemotherapy

**NHS England to routinely commission tolvaptan for patients with SIADH who require chemotherapy. To note SIADH indications outside this policy fall under CCG commissioning**

• 1685: Clinical Commissioning Policy 16057/P: Rituximab for immunoglobulin G4-related disease (IgG4-RD)

**NHS England to routinely commission rituximab for IgG4-RD**

• 1684: Clinical Commissioning Policy 16065/P: Sodium oxybate for symptom control of narcolepsy with cataplexy (children)

**NHS England to routinely commission sodium oxybate for narcolepsy and cataplexy in children and adolescents up to the age of 19. Commissioning of sodium oxybate in adults is the responsibility of CCGs**

• 1681: Update on the Implementation Timescales for HIV Switch Initiatives (Anti-Retroviral Therapies). Supplementary information to Specialised Services Circular SSC 1632 and SSC 1650 (National Anti-Retroviral Therapy Commissioning for Value 2016-2018)

*Provides further timelines for the switching and implementation of preferred products for the treatment of HIV*

• 1680: NICE Technology Appraisal 406: Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer

**NHS England to routinely commission crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer from 27th December 2016**

• 1679: NICE Technology Appraisal 410: Talimogene laherparepvec for treating unresectable metastatic melanoma

**NHS England to routinely commission Talimogene laherparepvec for treating unresectable metastatic melanoma from 27th December 2016**
• 1675: Improving value: Guidance on use of appropriate dose of intravenous immunoglobulin in the treatment of immune thrombocytopenic purpura and the recording of intravenous immunoglobulin usage on the National Immunoglobulin Database (MDSAS)

  Provides guidance on the dosing to be used for ITP and the requirements regarding logging outcome data on the National Immunoglobulin Database

• 1674: Delay of Implementation - NHS England Clinical Commissioning Policy 16030/P: Intravenous immunoglobulin for acute disseminated encephalomyelitis and autoimmune encephalitis

  Advises Trusts that implementation of the draft policies for ADE and AE are to suspended

• 1672: Anti-retroviral drugs for treatment of people with diagnosed HIV: Reimbursement of further TAF containing products under the Tenofovir Alafenamide Clinical Commissioning Policy (Ref: NHS England: 16043/P)

  Provides information regarding the funding of two additional products containing tenofovir alafenamide fumarate – Descovy® and Genvoya®

• 1667: Early Access to Medicines Scheme – Nivolumab for treatment as monotherapy of adult patients with classical Hodgkin Lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) and brentuximab vedotin

  Advises Trusts regarding access to nivolumab for cHL under EAMS – this access has now closed following Marketing Autorisation

• 1664: NICE Technology Appraisal 400: Nivolumab in combination with ipilimumab for treating advanced melanoma

  NHS England to routinely commission nivolumab in combination with ipilimumab for treating advanced melanoma from 25th October 2016

• 1662: NICE Technology Appraisal 405: Trifluridine–tipiracil for previously treated metastatic colorectal cancer

  NHS England to routinely commission Trifluridine–tipiracil for previously treated metastatic colorectal cancer from 22nd November 2016

• 1661: NICE Technology Appraisal 401: Bosutinib for previously treated chronic myeloid leukaemia

  NHS England to routinely commission bosutinib for previously treated chronic myeloid leukaemia from 22nd November 2016

• 1659: Technology Appraisal 397: Belimumab for treating active autoantibody-positive systemic lupus erythematosus

  NHS England to routinely commission Belimumab for treating active autoantibody-positive systemic lupus erythematosus under an agreed Managed Access Scheme for an initial 3 year period from 20th September 2016
• 1658: NHS England Clinical Commissioning Policy 16045/P: Plasma-derived C1-esterase inhibitor for prophylactic treatment of hereditary angioedema (HAE) types I and II

*NHS England to routinely commission C1 esterase inhibitor as prophylaxis in HAE*

• 1657: Cancer Drugs Fund – Additional guidance for Providers on Minimum Data Set and invoice submission requirements and deadlines

*Provides information on the requirements of Trusts to provide a minimum data set for the use of chemotherapy in the CDF*

• 1656: NHS England Clinical Commissioning Policy 16056/P: Tocilizumab for Takayasu arteritis (adults)

*NHS England to routinely commission tocilizumab for TA in adults*

• 1655: NHS England Clinical Commissioning Policy 16064/P: Use of plerixafor for stem cell mobilisation (update to include paediatrics)

*NHS England to routinely commission plerixafor for stem cell mobilisation in paediatric patients*

• 1654: NHS England Clinical Commissioning Policy 16070/P: Treatment of iron-overload for transfused and non-transfused patients with chronic inherited anaemias

*NHS England to routinely commission iron chelation therapies in chronic inherited anaemias including combination therapy in certain individuals. To note use of these agents outside of this policy are the commissioning responsibility of CCGs*

• 1653: NHS England Clinical Commissioning Policy 16063/P: Bone Morphogenetic protein-2 in spinal fusion

*NHS England to routinely commission BMP for spinal fusion. To note use of BMP outside of this policy are the commissioning responsibility of CCGs*

**Medicines Optimisation CRG**

The MOCRG held its second conference on chemotherapy dose standardisation in Bristol. Over 80 delegates attended. Topics included how the national SACT database can support the identification of standard doses. Forty seven products are now covered by the dose band tables which can be found at [https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-b/b02/](https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-b/b02/)

The MOCRG are working with the National Homecare Medicines Committee to identify a payment methodology to adequately fund Trusts to provide robust homecare services. The payment system will incorporate payment bands depending on the number of patients receiving homecare services.
Key Documents

NHS England’s website has been refreshed and is now easier to navigate. There is a page specifically for Key Documents within Specialised Commissioning where useful reference documents such as the Prescribed Specialised Services Manual including the NHS England drugs list, general policies for example on individual funding requests, and details on CQUINs, amongst many other things. Bookmark this page for quick reference and to ensure you always have the most up to date version of any key document: www.england.nhs.uk/commissioning/spec-services/key-docs/

Policy updates

In addition to NICE technology appraisals, NHS England has published a number of new policies for a diverse range of treatments and indications including many drug therapies. All of these are accompanied by a specialised services circular and are listed on pages 2 to 5 of this brief.

Two policies are of particular note:

Sodium oxybate (SSC 1684) – Trusts should note that Clinical Commissioning Groups (CCGs) are responsible for access to sodium oxybate in adults and that continuation of treatment after the patients 19th birthday will need to be agreed with the patient’s CCG.

Tolvaptan (SSC 1686) – relates solely to the treatment of hyponatraemia secondary to SIADH in patients requiring cancer chemotherapy who meet certain criteria. Other uses of tolvaptan, including the treatment of hyponatraemia secondary to SIADH with a non-malignant cause are excluded from this policy.

Individual Funding Requests (IFR)

The consultation on the IFR policy closed in January. The consultation also included other generic policies including ‘In-year service developments’, ‘Funding for experimental and unproven treatments’ and ‘Continuing funding after clinical trials’ policies. It is anticipated that a new IFR policy will be published in the summer. Further information will be provided in the next bulletin. NHS England is implementing two new processes in April, which will reduce the need for IFR requests – see Children’s Policy and Continuation Requests below.
Drugs Minimum Dataset

As of month nine 96% of Providers are submitting the drugs minimum dataset (MDS) so thank you for your support with this. We have seen a significant improvement since the MDS compliance has been reported on the Model Hospital website. We will now be focusing on data quality as we are still unable to fully validate ~50% of current submissions.

The implementation of dm+d taxonomy is a priority for 2017/18 and we continue to work with NHS Digital and Pharmacy System suppliers to support implementation and will require an implementation plan from each Trust.

National Tariff 2017-2019

Following a thorough consultation period the National Tariff covering a two-year period has been published.

https://improvement.nhs.uk/resources/national-tariff-1719/

The high-cost, tariff-excluded, drugs list is included in Annex A, tab 13b. Note this list states which drugs are excluded from tariff but does not state who the responsible commissioner is or whether the drug is routinely commissioned.


Chemotherapy Supportive Drugs

NHS England has published a list of drugs that are recognised as an integral part of a chemotherapy regimen ie ‘chemotherapy supportive drugs’. Chemotherapy supportive drugs were introduced when the chemotherapy procurement bands became part of the tariff payment system. The drugs incorporated into these payment bands were those that were routinely used during the administration of chemotherapy and are a recognised part of the chemotherapy regimen e.g. anti-emetics, low molecular weight heparin, G-CSF (listed exclusion) are routinely given as part of some chemotherapy regimens. Drugs which are given to patients outside a chemotherapy regimen to correct or treat cancer/chemotherapy-related complications such as infections and blood dyscrasias, for example, antibiotics and epoetin, are not considered supportive drugs in this context. The table provides a definitive list of supportive drugs that will be routinely reimbursed by NHS England when given as part of a chemotherapy regimen. The table can be found here: https://www.england.nhs.uk/commissioning/spec-services/key-docs/
All chemotherapy approved by NICE will now be required to be registered via the NHS England Prior Approval Scheme (see also CDF update below). Blueteq forms will only be uploaded in those Trusts where the relevant service is commissioned. The following forms have been uploaded since September 2016:

- Abiraterone for the treatment of castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen (TA 259)
- Adalimumab for treating moderate to severe hidradenitis suppurativa (TA 392)
- Adalimumab for the treatment of sight threatening uveitis in adults (NHS England interim policy)
- Adalimumab for the treatment of severe refractory uveitis in adults (NHS England interim policy)
- Belimumab for treating active autoantibody-positive systemic lupus erythematosus (TA 397)
- Bosutinib for previously treated chronic myeloid leukaemia in adults (TA 401)
- C1-esterase inhibitor for prophylactic treatment of hereditary angioedema (HAE) types I and II (NHS England Clinical Commissioning Policy 16045/P)
- Ceritinib for the treatment of previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer (TA 395)
- Crizotinib for untreated anaplastic lymphoma kinase-positive (ALK +ve) advanced or metastatic non-small-cell lung cancer (TA 406)
- Crizotinib as a second and subsequent line treatment of ALK +ve advanced or metastatic non-small cell lung cancer. (TA 422)
- Dasatinib for the treatment of untreated chronic phase chronic myeloid leukaemia. (TA 426)
- Elbasvir/grazoprevir (12 weeks) for the treatment of genotype 1b chronic hepatitis C (TA 413)
- Elbasvir/grazoprevir for the treatment of genotype 1a and 4 chronic hepatitis C (TA 413)
- Eribulin for the treatment of advanced breast cancer after 2 or more chemotherapy regimens (TA 423)
- Everolimus for the treatment of subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis complex (NHS England Clinical Commissioning Policy 16066/P)
• Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (TA 421)

• Fingolimod for the treatment of highly active relapsing remitting multiple sclerosis after 1st line treatment (TA 254)

• Fingolimod for the treatment of highly active relapsing remitting multiple sclerosis after natalizumab treatment (NHS England Clinical Commissioning Policy D04/P/b)

• Nilotinib for the treatment of untreated chronic phase chronic myeloid leukaemia. (TA 426)

• Nivolumab for previously treated advanced renal cell carcinoma (TA 417)

• Nivolumab in combination with ipilimumab for treating advanced melanoma (TA 400)

• Pertuzumab for the neoadjuvant treatment of locally advanced, inflammatory or early breast cancer at high risk of recurrence. (TA 424)

• Sodium oxybate for symptom control of narcolepsy with cataplexy in patients of 18 years treated in a paediatric service (NHS England Clinical Commissioning Policy 16065/P)

• Sodium oxybate for symptom control of narcolepsy with cataplexy in patients under 18 years of age treated in a paediatric service (NHS England Clinical Commissioning Policy 16065/P)

• Sodium oxybate for symptom control of narcolepsy with cataplexy in patients under 18 years of age treated in a paediatric service - Continuation after 3 months (NHS England Clinical Commissioning Policy 16065/P)

• Sofosbuvir/velpatasvir (12 weeks) for the treatment of genotype 1,3,4,5 and 6 chronic hepatitis C in adults (TA 430)

• Sofosbuvir/velpatasvir (12 weeks) for the treatment of genotype 2 chronic hepatitis C in adults with cirrhosis. (TA 430)

• Sofosbuvir/velpatasvir (12 weeks) for the treatment of genotype 2 chronic hepatitis C in adults without cirrhosis (TA 430)

• Talimogene laherparepvec for treating unresectable metastatic melanoma (TA 410)

• Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma (TA 396)

• Trifluridine–tipiracil for previously treated metastatic colorectal cancer (TA 405)
Continuation forms for multiple sclerosis treatments

- Beta Interferon for the treatment of relapsing progressive multiple sclerosis (NHS England Clinical Commissioning Policy D04/P/b)
- Beta Interferon for the treatment of relapsing remitting multiple sclerosis (NHS England Clinical Commissioning Policy D04/P/b)
- Dimethyl fumarate for the treatment of relapsing-remitting multiple sclerosis (TA 320)
- Fingolimod for the treatment of highly active relapsing-remitting multiple sclerosis (TA 254)
- Glatiramer acetate for relapsing-remitting multiple sclerosis (NHS England Clinical Commissioning Policy D04/P/b)
- Natalizumab for the treatment of rapidly evolving severe (RES) relapsing-remitting multiple sclerosis (TA 127)
- Teriflunomide for the treatment of relapsing-remitting multiple sclerosis (TA 303)

**Improving Value (QIPP)**

As part of the Medicines Optimisation CRG work programme NHS England is reviewing the use of antifungals in specialised services with the key objective of implementing guidelines on antifungal stewardship. Further information on this work will be provided in the summer bulletin.

**Medicines Optimisation CQUIN**

91 Trusts have signed up to the Medicines Optimisation CQUIN which is excellent news. We will now be working with Trusts to determine baselines and targets for each of the triggers.

**Biosimilars**

The biosimilar story is set to move in to the next phase with the launch of the first rituximab biosimilar anticipated towards the end of March 2017. Efforts are now focussed on coordinating the outputs of all stakeholder groups to ensure consistent communications.

The British Oncology Pharmacy Association (BOPA) has issued a position statement on the implementation of biosimilar monoclonal antibodies alongside a comprehensive guide on the important role that pharmacy plays in implementation (see also Cancer Vanguard below).
Immunoglobulins

NHS England is working with relevant stakeholders to review the current Immunoglobulin Clinical Guidelines with the aim of developing a more evidence-based commissioning policy. A number of other areas have been identified within this project including:

- Despite evidence for use of a lower maintenance dose in ITP data suggests there is a need to enhance this message. Trusts have been identified where it appears higher doses are more commonly used and commissioners will follow-up with individual trusts
- Homecare supply of immunoglobulin is offered routinely to those patients on long-term immunoglobulin at a number of trusts however there is potential to expand this to a greater number of patients via other trusts. A clinical lead will champion immunoglobulin homecare treatment and resources will be made available to support trusts
- Responses to a survey on trust immunoglobulin assessment panels have revealed significant variation between trusts regarding how panels function. Best practice guidance will available soon to support trusts and audit criteria to evaluate how well an IAP functions are also being developed.

Children’s Policy

The NHS England Clinical Commissioning Policy: Commissioning Medicines for Children in Specialised Services 170001/P has been published and can be found at https://www.england.nhs.uk/commissioning/spec-services/key-docs/

The policy addresses NHS England’s position on commissioning medicines for children within *specialised services* where a medicine is approved for use in adults by a NICE TA/HST or through an NHS England policy but not children. It will allow Trusts to treat children within a specialised service without the need to apply for funding through the IFR process.

Under the policy, NHS England will fund requests from specialised children’s services for medicines that are approved in adults by a NICE TA/HST or NHS England clinical commissioning policy when **ONE** of the three following criteria are met and **ALL** of the conditions listed apply:

1. The medicine has a license for use in children and both the indication for use and the age of the child fall within those specified in the adult license.

   or

2. The medicine is listed in the BNF for Children with a recommended dosage schedule relative to the age of the child.

   or
3. The child is post pubescent.

In addition to the above criteria, **ALL** of the following conditions must apply:

1. The patient meets all the NICE TA/NHS England clinical commissioning policy criteria for the proposed medicine/indication.

2. The patient does not meet any exclusion criteria for the medicine/indication in question.

3. The use of the drug has been discussed at a multidisciplinary team (MDT) meeting which must include at least two consultants in the subspecialty with active and credible expertise in the relevant field of whom at least one must be a consultant paediatrician. The MDT should include a paediatric pharmacist and other professional groups appropriate to the disease area.

4. The patient has been registered via the NHS England prior approval web based system (Blueteq)

If a clinician wishes to prescribe a medicine set out under the conditions of the policy and a Blueteq form is not available please contact Suzy Heafield at suzy.heafield@nhs.net

**Continuation requests and chemotherapy breaks**

Continuation requests generally relate to long term conditions and can include continuous or pulsed therapy. In order to consider such requests, the standard would be to evaluate the benefit the patient will have gained from the treatment by assessing the actual outcomes achieved against the predicted benefits using specific outcome criteria.

Unfortunately, many approved requests lack any recorded outcome criteria which has resulted in most continuation requests being considered as new IFR requests. This has increased the administrative burden on both the internal NHS England process and those of the Provider.

It is now a requirement of the national IFR panel to agree specific outcome measures when approving an IFR and the timescales by which to report these outcomes. For cases where outcomes have been agreed and reported a new process has been introduced which will streamline the request process and reduce the administrative burden for the Provider and NHS England.

From April 1 clinicians will be able to submit a simplified form to report outcome data when seeking further funding for a treatment for a long term condition. A continuation request should be made when the funding period, as advised in the approval letter, has expired. In all cases initial contact should be through the national IFR team at england.ifr@nhs.net.

A separate system has been developed for requests relating to treatment breaks in chemotherapy ie those breaks in treatment relating to an anticipated course of treatment (n cycles or a treatment given continuously until progression).
The new process will allow hub cancer pharmacists to consider requests for re-introduction of chemotherapy following a treatment break without the need for a full IFR request. Approval can be made where patients meet specific criteria.

Both forms can be found at https://www.england.nhs.uk/commissioning/spec-services/key-docs/ or on request from england.ifr@nhs.net

Cancer Drugs Fund (CDF)

As colleagues will be aware a large number of cancer drugs have gone through the NICE appraisal process and all of these, where the draft guidance from NICE recommends their use, have received interim funding via the CDF until they go into baseline up to 90 days after publication of final NICE guidance. A large number of cancer drug appraisals, and a large proportion of the NICE TA work programme, are also planned for 2017/18. We remind you that an up to date version of the CDF list can be found at https://www.england.nhs.uk/cancer/cdf/cancer-drugs-fund-list/ and is regularly updated.

We would also note that it is expected that all cancer drugs leaving the CDF to go into routine commissioning will require prior notification of new patients via the Blueteq system and a Specialised Services Circular is in the final stages of development regarding this. Additionally work is ongoing with Blueteq to align CDF and routine commissioning criteria in order that re-registration of patients already on the drug and transferring from the CDF to routine commissioning is not required.

Dose Banding of Chemotherapy

NHS England have issued further dose banding tables which can be found at https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-b/b02/

In addition, an index of tables has been published. During 2017/2018 NHS England through the Commercial Medicines Unit will seek to tender for standard products to supplement the dose banded tables. Currently over 60% of Providers have now signed up to the Dose Standardisation CQUIN representing over 80% of IV chemotherapy use.

Cancer Vanguard

The Cancer Vanguard is jointly led by three provider organisations: The Christie NHS Foundation Trust, The Royal Marsden NHS Foundation Trust, and University College London Hospitals NHS Foundation Trust, working across a total population of 10.7 million

The Cancer Vanguard established a Joint Medicines Optimisation Group that includes healthcare representatives from each of the three local delivery systems. The aim of the group is to help transform the clinical model of delivery in terms of provision of cancer medicines.
Healthcare professionals across the Cancer Vanguard have worked with Sandoz to develop an education and engagement programme about the use of biosimilar medicines. This programme aims to improve healthcare professionals’ understanding of biosimilars and help them to better inform patients about their use and assist in their timely introduction when appropriate. A process timeline for adoption has been developed with accompanying guidance, resources and template documents to support the NHS to enhance biosimilar uptake.

The Cancer Vanguard Biosimilars Project learning materials and resources are now available on the Cancer Vanguard website – link below:

http://cancervanguard.nhs.uk/biosimilars-getting-it-right-first-time/

The site currently has materials available including:

- Biosimilars adoption process timeline
- Biosimilars principles – education presentation
- Service impact study
- Education impact assessment
- Biosimilar policy

A PIL and Q&A document are currently in development and will be uploaded to the site in the near future.

**Hepatitis C update**

From March 1\textsuperscript{st} 2017 over 90% of patients with Hepatitis C can access an all-oral therapy. NHS England’s target by end March 2017 is that 16,000 patients will have received treatment since the introduction of the new Hepatitis C therapies. NHS England will launch a national registry for all patients with Hepatitis C in 2017/2018. This will include outcome data to assess the impact of the new treatments.

**NICE Consultation**

Following a joint consultation by NICE and NHS England, NICE are due to implement changes to how it evaluates new drugs from April 1\textsuperscript{st} 2017. Details of the changes can be found at: https://www.nice.org.uk/news/article/nice-gets-go-ahead-to-fast-track-more-drug-approvals
Programmes of Care

The specialised services commissioned by NHS England have been grouped into 6 National Programmes of Care (NPoC). Each has a NPoC Board which co-ordinates and prioritises work across the services in that programme of care.

Each NPoC has 1-2 Pharmacy leads, who provide pharmacy advice to POC commissioners and clinicians.

<table>
<thead>
<tr>
<th>NPoC</th>
<th>NPoC Pharmacy Lead</th>
<th>NPoC Pharmacy Support</th>
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<tbody>
<tr>
<td>Internal Medicine</td>
<td>Amanda Heeralall</td>
<td>Susanna Taylor</td>
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<tr>
<td>Cancer</td>
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<td>Mental Health</td>
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<td>Women and Children</td>
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<td>Suzy Heafield</td>
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<td>Blood and Infection</td>
<td>William Horsley</td>
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Each NPoC has several Clinical Reference Groups (CRGs) to provide clinical advice and leadership.

CRGs lead on the development of clinical commissioning policies, service specifications and quality standards. They also provide advice on innovation, horizon scanning, service reviews and guide work to reduce variation and deliver increased value.

CRG pharmacists contribute to the development of clinical commissioning policy development and medicines optimisation initiatives, recent examples include the updating of MS Blueteq forms and the dose banding chemotherapy list.
# Contacts

## Specialised Commissioning Pharmacy Contacts (@nhs.net)

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>London</td>
<td>Heather Weaver</td>
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</tr>
<tr>
<td></td>
<td>Amanda Heeralall</td>
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<tr>
<td>Midlands &amp; East</td>
<td>Mahesh Mistry (West Mids)</td>
<td>mahesh.mistry</td>
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<td>Joe Kerin (EoE)</td>
<td>joe.kerin</td>
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<td>Susanna Taylor (East Mids)</td>
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<td>North</td>
<td>Will Horsley (NE)</td>
<td>william.horsley</td>
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<td></td>
<td>Paul McManus (Y&amp;H)</td>
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<td></td>
<td>Katie Page (NW)</td>
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<td></td>
<td>Lynne Richley (Wessex)</td>
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<td></td>
<td>Tracey Williams</td>
<td>tracey.williams10</td>
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