NHS
Devon
Clinical Commissioning Group

NICE Update Bulletin: May 2020

Hyperlinks to the relevant NICE web page are included below.

NICE rapid COVID-19 guidelines

NICE has published some further rapid guidelines on the care of people with suspected and confirmed COVID-19, and in patients without COVID-19.

These guidelines have been developed to maximise patient safety whilst making the best use of NHS resources and protecting staff from infection.

These have been developed using the interim process and methods for developing rapid guidelines on COVID-19 and based on evidence and expert opinion.

COVID-19 rapid guideline: dialysis service delivery NG160 (update)

The purpose of this guideline is to maximise the safety of patients on dialysis, while protecting staff from infection. It will also enable dialysis services to make the best use of NHS resources and match the capacity of dialysis services to patient needs if these become limited because of the COVID-19 pandemic.

May 2020: NICE added recommendations on coordinating support for patients with COVID-19 and acute kidney injury, and on emergency pathways for maintaining access sites for patients on dialysis.

COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders NG167 (update)

The purpose of this guideline is to maximise the safety of children and adults with rheumatological autoimmune, inflammatory and metabolic bone disorders during the COVID-19 pandemic, while protecting staff from infection. It also enables services to make the best use of NHS resources.

May 2020: NICE highlighted factors to take into account when considering temporarily stopping some drugs for children and young people.

COVID-19 rapid guideline: interstitial lung disease NG177

The purpose of this guideline is to maximise the safety of adults with interstitial lung disease, including idiopathic pulmonary fibrosis and pulmonary sarcoidosis, during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

COVID-19 rapid guideline: chronic kidney disease NG176

The purpose of this guideline is to maximise the safety of adults with chronic kidney disease during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

COVID-19 rapid guideline: acute kidney injury in hospital NG175

The purpose of this guideline is to help healthcare professionals prevent, detect and manage acute kidney injury in adults in hospital with known or suspected COVID-19. This is important to improve outcomes and reduce the need for renal replacement therapy.

COVID-19 rapid guideline: children and young people who are immuno-compromised NG174

The purpose of this guideline is to maximise the safety of children and young people who are immunocompromised during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

The guideline covers children and young people (aged 17 and under). It may also be relevant for newborn babies under 72 hours, and 18 to 24 year olds using healthcare services.

COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital NG173

The purpose of this guideline is to ensure the best antibiotic management of suspected or confirmed bacterial pneumonia in adults in hospital during the COVID-19 pandemic. This includes people presenting to hospital with moderate to severe community-acquired pneumonia and people who develop pneumonia while in hospital. It will enable services to make the best use of NHS resources.

Technology Appraisals (TAs)

Larotrectinib for treating NTRK fusion-positive solid tumours TA630

Recommendations

Larotrectinib is **recommended for use within the Cancer Drugs Fund** as an option for treating neurotrophic tyrosine receptor kinase (NTRK) fusion-positive solid tumours in adults and children if:

- the disease is locally advanced or metastatic or surgery could cause severe health problems and
- they have no satisfactory treatment options.

It is recommended only if the conditions in the managed access agreement for larotrectinib are followed.

This recommendation is not intended to affect treatment with larotrectinib that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

For children and young people, this decision should be made jointly by the clinician and the child or young person or their parents or carers.

The technology

Larotrectinib has a conditional marketing authorisation for the treatment of adult and paediatric patients with solid tumours that display a NTRK gene fusion who have a disease that is locally advanced, metastatic or where surgical resection is likely to result in severe morbidity, and who have no satisfactory treatment options.

The recommended dose in adults is 100 mg larotrectinib twice daily, until disease progression or until unacceptable toxicity occurs. Dosing in children is based on body surface area. The recommended dose is 100 mg/m^2 twice daily with a maximum of 100 mg per dose until disease progression or until unacceptable toxicity occurs.

Financial factors

This technology is commissioned by NHS England.

NICE estimates that 80 to 190 people per year in England with NTRK fusion-positive solid tumours, and who have had all other licensed treatments, would be eligible for treatment with larotrectinib. Larotrectinib will be available to the NHS in line with the managed access agreement with NHS England. As part of this, NHS England and Bayer have a commercial access agreement, which is commercial in confidence, that makes larotrectinib available to the NHS at a reduced cost.

The resource impact of larotrectinib will be covered by the Cancer Drugs Fund budget. The cost of genetic testing is met from genomics funding that is held separately within the Cancer Drugs Fund. As part of the managed access agreement, the technology will continue to be available through the Cancer Drugs Fund after the data collection period has ended and while the guidance is being reviewed. The data collection period is expected to end when sufficient data have been collected to address the committee's uncertainties. The process for exiting the Cancer Drugs Fund will begin at this point and the review of the NICE guidance will start to decide whether or not the drug can be recommended for routine use.

There may be issues related to accessing larotrectinib because the genomic testing needed to identify NTRK fusion-positive solid tumours is still being established as a national service. It is understood that any variation in access to genomic testing will be resolved in the next 1 to 2 years.

Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab TA629

This guidance updates and replaces NICE technology appraisal guidance 472 on obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab, which was available through the Cancer Drugs Fund.

Recommendations

Obinutuzumab with bendamustine followed by obinutuzumab maintenance is **recommended**, within its marketing authorisation, as an option for treating follicular lymphoma that did not respond or progressed up to 6 months after treatment with rituximab or a rituximab-containing regimen. It is recommended only if the company provides it according to the commercial arrangement.

The technology

Obinutuzumab with bendamustine followed by obinutuzumab maintenance has a marketing authorisation for the treatment of patients with follicular lymphoma who did not respond or who progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen.

Financial factors

This technology is commissioned by NHS England.

NICE does not expect this guidance to have a significant impact on resources because the population size is small (around 60 people commencing treatment per year). Additionally, the treatment is already in use in the Cancer Drugs Fund and there is not anticipated to be a significant increase in the number of patients commencing treatment when it moves into routine commissioning.

The company has a commercial arrangement that makes obinutuzumab with bendamustine available to the NHS with a discount, the size of which is commercial in confidence.

Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer TA268

Recommendations

Lorlatinib is **recommended**, within its marketing authorisation, as an option for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults whose disease has progressed after:

- alectinib or ceritinib as the first ALK tyrosine kinase inhibitor or
- crizotinib and at least 1 other ALK tyrosine kinase inhibitor.

It is recommended only if the company provides lorlatinib according to the commercial arrangement.

The technology

Lorlatinib as monotherapy is indicated for the treatment of adult patients with ALK-positive advanced NSCLC whose disease has progressed after alectinib or ceritinib as the first ALK tyrosine kinase inhibitor (TKI) therapy; or crizotinib and at least one other ALK TKI. The recommended dose is 100 mg lorlatinib taken orally once daily. Treatment with lorlatinib is recommended as long as the patient is benefitting from therapy without unacceptable toxicity.

Financial factors

This technology is commissioned by NHS England.

NICE estimates that 290 people in England with previously treated ALK-positive advanced non-small-cell lung cancer (NSCLC) are eligible for treatment with lorlatinib each year. People receive treatment for an average of 16 months. Due to the low rate of adverse events it is assumed that all people who start treatment will receive treatment for the full 16 months. It is estimated that 200 people will start treatment each year from year 2024/25 once uptake has reached 70%.

The list price of lorlatinib has a discount that is commercial in confidence.

Highly specialised technology guidance (HSTs)

None published this month.

NICE Guidelines (NGs)

None published this month.

Public Health Guidelines

None published this month.

Antimicrobial prescribing guidelines

None published this month.

Social Care guidelines

None published this month.

Interventional Procedures Guidance (IPGs)

None published this month.

Medical Technologies Guidance (MTGs)

None published this month.

Diagnostics Guidance (DGs)

None published this month.

NICE Quality Standards

None published this month.

Current NICE consultations

None.

COVID-19 update: NICE Technology Appraisals and Highly Specialised Technologies programme

NICE has advised that they plan a phased restart of publishing draft and final guidance that had previously been de-prioritised from 1 June 2020. They will also plan to publish finalised guidance as soon as possible from 1 June.

As they restart their work programmes, they will take into account continuing pressures on staff and committee members, such as those with frontline clinical or care roles, and on stakeholders who they need to participate in guidance development.

NICE will contact the stakeholders registered to individual topics and update the webpages with specific information as to the plans for that topic.