NHS
Devon
Clinical Commissioning Group

NICE Update Bulletin: October 2019

Hyperlinks to the relevant NICE web page are included below.

Technology Appraisals (TAs)

Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib TA609 (terminated appraisal)

NICE is **unable to make a recommendation** on ramucirumab for treating unresectable hepatocellular carcinoma in adults who have had sorafenib, because Lilly did not provide an evidence submission. NICE will review this decision if the company decides to make a submission.

Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia TA608 (terminated appraisal)

NICE is **unable to make a recommendation** on ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia in adults because Janssen did not provide an evidence submission. NICE will review this decision if the company decides to make a submission.

Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease TA607

Recommendations

Rivaroxaban plus aspirin is **recommended** within its marketing authorisation, as an option for preventing atherothrombotic events in adults with coronary artery disease or symptomatic peripheral artery disease who are at high risk of ischaemic events.

For people with coronary artery disease, high risk of ischaemic events is defined as:

- aged 65 or over, or
- atherosclerosis in at least 2 vascular territories (such as coronary, cerebrovascular, or peripheral arteries), or
- 2 or more of the following risk factors:
  - current smoking
  - diabetes
  - kidney dysfunction with an estimated glomerular filtration rate (eGFR) of less than 60 ml/min (note that rivaroxaban is contraindicated if the eGFR is less than 15 ml/min)
  - heart failure

- previous non-lacunar ischaemic stroke.

Assess the person's risk of bleeding before considering rivaroxaban. Treatment should only be started after an informed discussion with them about the risks and benefits of rivaroxaban, weighing up the risk of atherothrombotic events against the risk of bleeding. The risks and benefits of continuing treatment with rivaroxaban should be regularly reviewed.

The technology

Rivaroxaban, co-administered with aspirin, is indicated for the prevention of atherothrombotic events in adult patients with coronary artery disease or symptomatic peripheral artery disease at high risk of ischaemic events.

The recommended dosage for rivaroxaban is 2.5 mg taken orally twice daily in combination with a daily dose of 75 to 100 mg aspirin taken orally.

Financial factors

This technology is commissioned by CCGs.

Using the assumptions in the NICE resource impact template, it is estimated that 912 people in Devon may choose rivaroxaban from year 2 onwards once uptake has reached 2.9%.

Lanadelumab for preventing recurrent attacks of hereditary angioedema TA606

Recommendations

Lanadelumab is **recommended** as an option for preventing recurrent attacks of hereditary angioedema in people aged 12 and older, only if:

- they are eligible for preventive C1-esterase inhibitor (C1-INH) treatment in line with NHS England's commissioning policy, that is, they are having 2 or more clinically significant attacks (as defined in the policy) per week over 8 weeks despite oral preventive therapy, or oral therapy is contraindicated or not tolerated
- the lowest dosing frequency of lanadelumab is used in line with the summary of product characteristics, that is, when the condition is in a stable, attack-free phase and
- the company provides lanadelumab according to the commercial arrangement.

This recommendation is not intended to affect treatment with lanadelumab 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 young people, this decision should be made jointly by the clinician and the young person or the young person's parents or carers.

The technology

Lanadelumab is indicated for routine prevention of recurrent attacks of hereditary angioedema in patients aged 12 years and older.

The recommended starting dose is 300 mg lanadelumab every 2 weeks. The summary of product of characteristics states that in patients who are stably attack-free on treatment, a dose reduction of 300 mg lanadelumab every 4 weeks may be considered, especially in patients with low weight. It is administered as a subcutaneous injection.

Financial factors

NHS England commissions highly specialist allergy services from highly specialist allergy centres, which includes services for people with hereditary angioedema.

NICE does not expect this guidance to have a significant impact on resources because the technology is a further treatment option and the population size is small.

The company has a commercial arrangement (simple discount patient access scheme). This makes lanadelumab available to the NHS with a discount that is commercial in confidence.

Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea TA605

Recommendations

Xeomin (botulinum neurotoxin type A) is **recommended**, within its marketing authorisation, as an option for treating chronic sialorrhoea caused by neurological conditions in adults. It is recommended only if the company provides it according to the commercial arrangement.

The technology

Clostridium botulinum neurotoxin type A (Xeomin) is a purified botulinum toxin type A, which acts as a neuromuscular blocking agent by inhibiting acetylcholine release and therefore slowing saliva production. It is administered by injection.

Xeomin is injected into the parotid and submandibular glands on both sides (4 injections per treatment in total). The dose is divided in a ratio of 3:2 between the parotid (30 units per side, 0.6 ml per injection) and submandibular (20 units per side, 0.4 ml per injection) glands. The injection site should be close to the centre of the gland. The recommended dose per treatment session is 100 units. This maximum dose should not be exceeded.

Treatment intervals should be determined based on the actual clinical need of the individual patient. Repeat treatment more frequent than every 16 weeks is not recommended.

Because of unit differences in the potency assay, unit doses for Xeomin are not interchangeable with those for other preparations of botulinum toxin type A.

Financial factors

This technology is commissioned by CCGs.

Using the assumptions in the NICE resource impact template, it is estimated that 751 people in Devon with chronic sialorrhoea are eligible for treatment with Xeomin, and that 676 people will have Xeomin from year 2023/24 onwards once uptake has reached 90%.

The company has a commercial arrangement (simple discount patient access scheme). This makes Xeomin available to the NHS with a discount that is commercial in confidence.

Idelalisib for treating refractory follicular lymphoma TA604

This guidance replaces NICE technology appraisal guidance 328 on idelalisib for treating follicular lymphoma that is refractory to 2 prior treatments (terminated appraisal).

Recommendations

Idelalisib is **not recommended**, within its marketing authorisation, for treating follicular lymphoma that has not responded to 2 prior lines of treatment in adults.

This recommendation is not intended to affect treatment with idelalisib 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.

The technology

Idelalisib has a marketing authorisation as monotherapy for the treatment of adult patients with follicular lymphoma (FL) that is refractory to two prior lines of treatment.

Idelalisib is administered orally at a dose of 150 mg, twice daily. Treatment is continued until disease progression or unacceptable toxicity.

Financial factors

This technology is commissioned by NHS England.

NICE has said that there is a wide range of cost-effectiveness estimates but, because the evidence is weak, idelalisib is not considered to represent a cost-effective use of NHS resources. Therefore, idelalisib cannot be recommended for routine use in the NHS.

Idelalisib cannot be recommended for inclusion in the Cancer Drugs Fund. This is because data collected in the Cancer Drugs Fund cannot resolve the key problems determining whether idelalisib is more effective that chemotherapy, nor document the adverse effects associated with individual chemotherapeutic regimens.

Highly specialised technology guidance (HSTs)

Voretigene neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations HST11

Recommendations

Voretigene neparvovec is **recommended**, within its marketing authorisation, as an option for treating RPE65-mediated inherited retinal dystrophies in people with vision loss caused by inherited retinal dystrophy from confirmed biallelic RPE65 mutations and who have sufficient viable retinal cells. It is recommended only if the company provides voretigene neparvovec according to the commercial arrangement.

The technology

Voretigene neparvovec is an adeno-associated virus vector-based gene therapy. It introduces a healthy copy of the defective RPE65 gene into the retinal cells of people with RPE65-mediated inherited retinal dystrophy (IRD), enabling patients to produce functional RPE65 protein. The aim is to improve visual function (performance of the eyes) and functional vision (the ability to carry out activities of daily living dependent on vision). Voretigene neparvovec has a marketing authorisation for the treatment of adult and paediatric patients with vision loss due to inherited retinal dystrophy caused by confirmed biallelic RPE65 mutations and who have sufficient viable retinal cells.

Voretigene neparvovec is administered as a subretinal injection using a one-off dose of 1.5×10^{11} vector genomes to each eye on separate days (no fewer than 6 days apart). Before administration, patients have an immunomodulatory regimen that is continued for 18 to 30 days.

Financial factors

This technology is commissioned by NHS England.

RPE65-mediated inherited retinal dystrophies are rare and serious. They involve progressive loss of vision. This ultimately leads to near-total blindness, and severely affects the quality of life of people with the condition, and their families and carers. Current treatment is supportive care.

Clinical trial evidence shows that, in the short term, voretigene neparvovec improves vision and prevents the condition from getting worse. There is no long-term clinical evidence, but it is biologically plausible that the treatment effect is likely to continue for decades.

Despite the uncertainties in the economic modelling, voretigene neparvovec is likely to provide important clinical benefits for people with RPE65-mediated inherited retinal dystrophies, and is considered an appropriate use of NHS resources within the context of a highly specialised service.

The list price of voretigene neparvovec is £613,410 per patient (excluding VAT; company submission). The company has a commercial arrangement which makes voretigene neparvovec available to the NHS with a discount. The size of the discount is commercial in confidence.

NICE Guidelines (NGs)

End of life care for adults: service delivery NG142

This guideline covers organising and delivering end of life care services, which provide care and support in the final weeks and months of life (or for some conditions, years), and the planning and preparation for this. It aims to ensure that people have access to the care that they want and need in all care settings. It also includes advice on services for carers.

This guideline includes recommendations on:

- Identifying adults who may be approaching the end of their life
- Holistic needs assessment

- Supporting carers and providing information
- Reviewing current treatment
- Advance care planning and reviewing people's needs
- Communication between services, providing multipractitioner care and care coordination
- Transferring people between care settings and providing out-of-hours care.

Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management CG184 (update)

This guideline covers investigating and managing gastro-oesophageal reflux disease (GORD) and dyspepsia in people aged 18 and over. It aims to improve the treatment of GORD and dyspepsia by making detailed recommendations on *Helicobacter pylori* eradication, and specifying when to consider laparoscopic fundoplication and referral to specialist services.

In October 2019, NICE made changes to recommendations on eradicating *H pylori* and updated footnotes in this guideline to reflect new restrictions and precautions for the use of fluoroquinolone antibiotics because of rare reports of disabling and potentially long-lasting or irreversible side effects

Diabetic foot problems: prevention and management NG19 (update)

This guideline covers preventing and managing foot problems in children, young people and adults with diabetes. It aims to reduce variation in practice, including antibiotic prescribing for diabetic foot infections.

In October 2019, NICE reviewed the evidence for antimicrobial prescribing for diabetic foot infections and updated the recommendations.

Gastro-oesophageal reflux disease in children and young people: diagnosis and management NG1 (update)

This guideline covers diagnosing and managing gastro-oesophageal reflux disease in children and young people (under 18s). It aims to raise awareness of symptoms that need investigating and treating, and to reassure parents and carers that regurgitation is common in infants under 1 year.

In October 2019, NICE added footnotes on proton pump inhibitor (PPI) and H_2 receptor antagonist (H_2RA) licensing for use in children, and amended advice to clarify when metoclopramide, domperidone or erythromycin can be offered.

Epilepsies: diagnosis and management CG137 (update)

This guideline covers diagnosing, treating and managing epilepsy and seizures in children, young people and adults in primary and secondary care. It offers best practice advice on managing epilepsy to improve health outcomes so that people with epilepsy can fully participate in daily life.

In October 2019, NICE updated footnotes in this guideline to reflect a change in the law relating to pregabalin and gabapentin. As of 1 April 2019, because of a risk of abuse and dependence pregabalin and gabapentin are controlled under the Misuse of Drugs Act 1971 as class C substances and scheduled under the Misuse of Drugs Regulations 2001 and schedule 3.

Familial hypercholesterolaemia: identification and management CG71 (update)

This guideline covers identifying and managing familial hypercholesterolaemia (FH), a specific type of high cholesterol that runs in the family, in children, young people and adults. It aims to help identify people at increased risk of coronary heart disease as a result of having FH.

In October 2019, NICE changed the first recommendation on case finding and diagnosis to be clearer about when to suspect familial hypercholesterolaemia.

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)

Midcarpal hemiarthroplasty for wrist arthritis IPG663

Recommendations

Evidence on the safety and efficacy of midcarpal hemiarthroplasty for wrist arthritis is inadequate in quantity and quality. Therefore, this procedure should only be used in the **context of research**.

Further research could be in the form of case series. It should report patient selection, type and severity of arthritis, patient-reported outcome measures and the need for revision in the longer term (at least 5 years).

The condition

Wrist arthritis can be caused by rheumatoid arthritis, osteoarthritis, trauma or sepsis. It can cause pain, stiffness and swelling.

Treatments include analgesics, non-steroidal anti-inflammatory drugs, disease-modifying antirheumatic drugs and corticosteroid injections. If these do not work well enough, surgical treatments can be used. These include proximal row carpectomy, limited or partial carpal fusion, total wrist arthrodesis or total wrist arthroplasty.

The procedure

The procedure is done using general or regional anaesthesia, with a tourniquet applied to the upper arm. A radiographic template is created preoperatively to determine the implant size. An incision is made over the wrist, in line with the third metacarpal. The joint is exposed, and the first row of carpal bones and the radial articular cartilage are removed. A trial implant is put into position, the carpus is reduced onto the bearing surface and the implant size, range of motion and stability are assessed. The final implant is then put in place and fully seated on the contoured subchondral plate.

Strengthening exercises are started 4 to 6 weeks after surgery and full activity can start several weeks after that. The aim is to relieve pain while keeping the midcarpal articulation and the anatomic centre of wrist rotation.

Medical Technologies Guidance (MTGs)

EXOGEN ultrasound bone healing system for long bone fractures with non-union or delayed healing MTG12 (update)

In October 2019 NICE updated this guidance to reflect 2019 costs. The update also includes revised cost-saving estimates.

Recommendations

The case for adopting the EXOGEN ultrasound bone healing system to treat long bone fractures with non-union (failure to heal after 9 months) is supported by the clinical evidence, which shows high rates of fracture healing.

The EXOGEN ultrasound bone healing system to treat long bone fractures with non-union is associated with an estimated cost saving of £2,407 per patient compared with current management, through avoiding surgery.

There is some radiological evidence of improved healing when the EXOGEN ultrasound bone healing system is used for long bone fractures with delayed healing (no radiological evidence of healing after approximately 3 months). There are substantial uncertainties about the rate at which bone healing progresses without adjunctive treatment between 3 and 9 months after fracture, and about whether or not surgery would be necessary. These uncertainties result in a range of cost consequences, some cost saving and others that are more costly than current management.

The technology

The EXOGEN ultrasound bone healing system delivers low-intensity pulsed ultrasound waves with the aim of stimulating bone healing. It is thought that healing is promoted by stimulating the production of growth factors and proteins that increase the removal of old bone, increase the production of new bone and increase the rate at which fibrous matrix at a fracture site is converted to mineralised bone. Long bone fractures are suitable for treatment if the fracture is stable and well-aligned. EXOGEN is not indicated for use in fractures of the skull or vertebrae, or in children or adolescents because of their skeletal immaturity.

Financial factors

This technology is commissioned by CCGs.

The External Assessment Centre applied the updated cost of the device and other costs to the cost model for non-union healing and reported net savings increased from £1,164 to £2,407 per patient compared with current management, through avoiding surgery. The increase in savings is primarily because length of hospital stay if a patient has surgery has increased from 4.9 days to 7 days. The External Assessment Centre also applied updated costs to delayed healing. It reported an estimated cost increase of £628 (was £504) per patient compared with current management. The increase in incremental costs is primarily due to the increase in the cost of the EXOGEN 150 device.

Diagnostics Guidance (DGs)

None published this month.

NICE Quality Standards

None published this month.

Current NICE consultations

Title / link	End date of consultation
Tinnitus: assessment and management	01/11/2019
Episcissors-60 for guided mediolateral episiotomy	01/11/2019
Coeliac disease: recognition, assessment and management	05/11/2019
Specialist neonatal respiratory care for babies born preterm	11/11/2019
Suspected cancer: recognition and referral	14/11/2019
Social work interventions for adults with complex needs, including, learning disabilities and mental health	18/11/2019
MRI-guided laser interstitial thermal therapy for epilepsy	21/11/2019
Cyanoacrylate glue occlusion for varicose veins	21/11/2019
Minimally invasive radical hysterectomy for early stage cervical cancer	21/11/2019
Bilateral cervicosacropexy or vaginosacropexy using mesh for pelvic organ prolapse	21/11/2019
Joint replacement (primary): hip, knee and shoulder	26/11/2019
Asthma: diagnosis, monitoring and chronic asthma management	27/11/2019
Self-harm in over 8s: management and preventing recurrence	27/11/2019