NHS

Yorkshire and the Humber
Specialised Commissioning Group

Commissioning policies agreed by PCTs in Yorkshire and the Humber at Board meeting of YH SCG on December 17 2010.

32/10	Imatinib for gastrointestinal stromal tumours (unresectable/metastatic) (update on NICE TA 86)	To be routinely funded in accordance with NICE TA 209 (and previously issued TA 86)	NICE TA 209
33/10	Ofatumumab for chronic lymphocytic leukaemia	To be not routinely funded in accordance with NICE TA 202	NICE TA 202
34/10	Trastuzumab for gastric cancer (HR2-positive metastatic)	To be routinely funded in accordance with NICE TA 208	NICE TA 208

35/10	Alemtuzumab	Not routinely funded for the first-line treatment of patients with B-cell chronic lymphocytic leukaemia (B-CLL) for whom fludarabine combination chemotherapy is not appropriate, including patients with 17p deleted B-CLL.	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
36/10	Azacitidine	Not routinely funded for the treatment of patients with: intermediate -2 and high-risk myelodysplastic syndromes (MDS); chronic myelomonocytic leukaemia (CMML) with 10 - 29 % marrow blasts without myeloproliferative disorder; acute myeloid leukaemia (AML) with 20 - 30 % blasts and multi-lineage dysplasia.	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
37/10	Bevacizumab	Not routinely funded for the treatment of patients with glioblastoma	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.

38/10	Bevacizumab (with taxane)	Not routinely funded for the 1st line treatment of patients with triple negative breast cancer with rapidly progressive disease	SCG policy previously agreed to not routinely fund bevacizumab for 1st-line treatment of metastatic breast cancer. For this subgroup of patients, with triple negative disease, there is limited information about overall survival. Therefore, the PCT is not able to assure itself that this is a cost-effective use of resource.
39/10	Bortezomib (with melphalan and prednisolone)	Not routinely funded for the treatment of patients with previously untreated multiple myeloma, including in patients with renal failure, who are not eligible for high-dose chemotherapy with bone marrow transplant	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
09/09	Cetuximab	Not routinely funded for the treatment (as monotherapy) of patients with EGFR-expressing, KRAS wild-type metastatic colorectal cancer who have failed oxaliplatin- and irinotecan-based therapy and who are intolerant to irinotecan.	Previously agreed SCG policy
40/10	Clofarabine	As a single agent for patients with acute lymphoblastic leukaemia in relapse or refractory to 1st salvage treatment with disease 1st presentation age of <21	Published estimates of cost-effectiveness are based on limited clinical data. The PCT is not able to assure itself that this is a cost-effective use of resource.
41/10	Dasatinib	Not routinely funded for the treatment of adults with Philadelphia chromosome positive (Ph+) acute lymphoblastic leukaemia (ALL) and lymphoid blast CML with resistance or intolerance to prior therapy including imatinib	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
42/10	Erlotinib	Not routinely funded for the 3rd line treatment of NSCLC, including those patients who entered a 2nd line trial and did not receive erlotinib	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.

04/10	Everolimus	Not routinely funded for the treatment of patients with advanced renal cell carcinoma, whose disease has progressed on or after treatment with VEGF-targeted therapy	Previously agreed SCG policy
43/10	Imatinib	Not routinely funded for the treatment of patients with: □ newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia (Ph+ ALL), in younger, fitter patients, integrated with chemotherapy OR relapsed or refractory Ph+ ALL as monotherapy in patients not previously exposed to a tyrosine kinase inhibitor	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
44/10	Lapatinib (with Capecitabine)	Not routinely funded for the treatment of advanced or metastatic breast cancer.	Previously agreed with SCG on basis of recommendation from the tri-Network Cancer Drugs Group. No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
45/10	Pemetrexed	Not routinely funded Monotherapy for the second-line treatment of patients with locally advanced or metastatic non-small cell lung cancer other than predominantly squamous cell histology in patients who did not receive 1st line pemetrexed e.g. 1st line clinical trial	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
46/10	Rituximab	Not routinely funded as 1st line maintenance therapy in patients with follicular lymphoma who have responded to induction treatment	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
12/10	Sorafenib	Not routinely funded for 1st line treatment of hepatocellular carcinoma	Previously agreed SCG policy based on NICE TA189
47/10	Sunitinib	Not routinely funded for the treatment of advanced pancreatic neuroendocrine tumours (NET)	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
06/09	Temsirolimus	Not routinely funded for the 1st line treatment of patients with advanced renal cell carcinoma.	Previously agreed SCG policy based on NICE TA178

48/10	Topotecan (with cisplatin)	Not routinely funded for the 2nd line treatment of cervical cancer in patients having received cisplatin > 12 months previously	NICE TA 183 recommends that topotecan, in combination with cisplatin, is recommended as a possible treatment for women with recurrent or stage IVB cervical cancer only if they have not received cisplatin before. There is no robust evidence of cost-effectiveness available to support use this sub-group of women who have received cisplatin more than 12 months previously so the PCT is not able to assure itself that this is a cost-effective use of resource.

Yorkshire and the Humber
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General policy **32/10**

Treatment (brand name, manufacturer)	**Imatinib** (Glivec, Novartis)
For the treatment of	**Unresectable and/or metastatic gastrointestinal stromal tumours**
Commissioning position	To be **routinely funded, to a maximum of 400mg daily,** for the first-line management of people with KIT (CD117)-positive unresectable and/or KIT (CD117)-positive metastatic gastro-intestinal stromal tumours (GISTs) in accordance with NICE TA 86 and NICE TA 209, subject to assessment of response every 12 weeks and discontinuation if evidence of lack of response.
Effective from	17 December 2010
Summary of evidence	Following a review of clinical and cost effectiveness, NICE states that imatinib, to a maximum dose of 400mg daily, is recommended for the for the first-line management of people with KIT (CD117)-positive unresectable and/or KIT (CD117)-positive metastatic gastro-intestinal stromal tumours (GISTs). Response should be assessed at 12 weeks and continued only if there is objective evidence of response. Treatment should be reviewed every 12 weeks and discontinued if there is no objective evidence of response.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy **33/10**

Treatment (brand name, manufacturer)	**Ofatumumab** (Arzerra, GlaxoSmithKline)
For the treatment of	**Chronic lymphocytic leukaemia**
Commissioning position	To be **not routinely funded**, for the treatment of patients with chronic lymphocytic leukaemia that is refractory to fludarabine and alemtuzumab, in accordance with NICE TA 202.
Effective from	27 October 2010 (date of publication by NICE)
Summary of evidence	Following assessment of clinical and cost effectiveness, NICE states that ofatumumab is not recommended for the treatment of chronic lymphocytic leukaemia that is refractory to fludarabine and alemtuzumab.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy **34/10**

Treatment (brand name, manufacturer)	**Trastuzumab** (Herceptin, Roche)
For the treatment of	**Gastric cancer (HER2-positive, metastatic)**
Commissioning position	To be **routinely funded** for the treatment of certain people with human epidermal growth factor receptor 2 (HER2)-positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction, in accordance with NICE TA208.
Effective from	24 February 2011 (3-months from publication of NICE technology appraisal)
Summary of evidence	Following assessment of clinical and cost effectiveness, NICE states that trastuzumab, in combination with cisplatin and capecitabine or 5-fluorouracil, is recommended as an option for the treatment of people with human epidermal growth factor receptor 2 (HER2)-positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who: ▪ have not received prior treatment for their metastatic disease **and** ▪ have tumours expressing high levels of HER2 as defined by a positive immunohistochemistry score of 3 (IHC3 positive).
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

Yorkshire and the Humber
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General policy 35/10

Treatment	**Alemtuzumab**
For the treatment of	**B-cell chronic lymphocytic leukaemia**
Commissioning position	To be **not routinely funded** for the first-line treatment of patients with B-cell chronic lymphocytic leukaemia (B-CLL) for whom fludarabine combination chemotherapy is not appropriate, including patients with 17p deleted B-CLL.
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 36/10

Treatment	**Azacitidine**
For the treatment of	- intermediate -2 and high-risk myelodysplastic syndromes (MDS); - chronic myelomonocytic leukaemia (CMML) with 10 - 29 % marrow blasts without myeloproliferative disorder; - acute myeloid leukaemia (AML) with 20 - 30 % blasts and multi-lineage dysplasia.
Commissioning position	To be **not routinely funded** for the treatment of patients with the above indications.
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 37/10

Treatment	**Bevacizumab**
For the treatment of	**Glioblastoma**
Commissioning position	To be **not routinely funded** for the treatment of patients with glioblastoma
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 38/10

Treatment	**Bevacizumab**
For the treatment of	**Metastatic breast cancer**
Commissioning position	To be **not routinely funded** for the 1st line treatment of patients with triple negative breast cancer with rapidly progressive disease
Effective from	17 December 2010
Summary of evidence	SCG policy previously agreed to not routinely fund bevacizumab for 1st-line treatment of metastatic breast cancer. For this subgroup of patients, with triple negative disease, there is limited information about overall survival. Therefore, the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

Yorkshire and the Humber
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General policy 39/10

Treatment	**Bortezomib**
For the treatment of	**Multiple myeloma (1st-line)**
Commissioning position	To be not **routinely funded** for the treatment of patients with previously untreated multiple myeloma, including in patients with renal failure, who are not eligible for high-dose chemotherapy with bone marrow transplant
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 40/10

Treatment	**Clofarabine**
For the treatment of	**Acute lymphoblastic leukaemia**
Commissioning position	To be **not routinely funded** as a single agent for the treatment of patients with acute lymphoblastic leukaemia in relapse or refractory to 1st salvage treatment with disease first presenting at age 21 years or lower.
Effective from	17 December 2010
Summary of evidence	Published estimates of cost-effectiveness are based on limited clinical data. The PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 41/10

Treatment	**Dasatinib**
For the treatment of	**Acute lymphoblastic leukaemia; chronic myeloid leukaemia**
Commissioning position	To be **not routinely funded** for the treatment of adults with Philadelphia chromosome positive (Ph+) acute lymphoblastic leukaemia (ALL) and lymphoid blast CML with resistance or intolerance to prior therapy including imatinib
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 42/10

Treatment	**Erlotinib**
For the treatment of	**Non-small cell lung cancer (3rd line)**
Commissioning position	To be **not routinely funded** for the third line treatment of patients with NSCLC, including those patients who entered a 2nd line trial and did not receive erlotinib
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

Yorkshire and the Humber
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General policy 43/10

Treatment	**Imatinib**
For the treatment of	**Acute lymphoblastic leukaemia**
Commissioning position	To be **not routinely funded** for the treatment of patients with: newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia (Ph+ ALL), in younger, fitter patients, integrated with chemotherapy; OR relapsed or refractory Ph+ ALL as monotherapy in patients not previously exposed to a tyrosine kinase inhibitor
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 44/10

Treatment	**Lapatinib**
For the treatment of	**Breast cancer**
Commissioning position	To be **not routinely** funded for the treatment of patients with advanced or metastatic breast cancer
Effective from	17 December 2010
Summary of evidence	Recommendation from the Tri-Network Cancer Drugs Group. No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 45/10

Treatment	**Pemetrexed**
For the treatment of	**Non-small cell lung cancer (2nd line)**
Commissioning position	To be **not routinely funded** as monotherapy for the second-line treatment of patients with locally advanced or metastatic non-small cell lung cancer other than predominantly squamous cell histology in patients who did not receive 1st line pemetrexed (e.g. 1st line clinical trial)
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

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General policy 46/10

Treatment	**Rituximab**
For the treatment of	**Follicular lymphoma (1st line maintenance)**
Commissioning position	To be **not routinely funded** as 1st line maintenance therapy in patients with follicular lymphoma who have responded to induction treatment
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

Yorkshire and the Humber
Specialised Commissioning Group

General policy 47/10

Treatment	**Sunitinib**
For the treatment of	**Advanced pancreatic neuroendocrine tumours (NET)**
Commissioning position	To be **not routinely funded** for the treatment of patients with advanced pancreatic neuroendocrine tumours (NET)
Effective from	17 December 2010
Summary of evidence	No robust evidence of cost-effectiveness available so the PCT is not able to assure itself that this is a cost-effective use of resource.
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk

Yorkshire and the Humber
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General policy 48/10

Treatment	**Topotecan**
For the treatment of	**Cervical cancer (**in patients having received cisplatin > 12 months previously)
Commissioning position	To be not **routinely funded** for the 2nd line treatment of cervical cancer in patients having received cisplatin > 12 months previously
Effective from	17 December 2010
Summary of evidence	NICE TA 183 recommends that topotecan, in combination with cisplatin is recommended as a possible treatment for women with recurrent or stage IVB cervical cancer **only if they have not received cisplatin before**. There is no robust evidence of cost-effectiveness available to support use this sub-group of women who have received cisplatin more than 12 months previously so the PCT is not able to assure itself that this is a cost-effective use of resource
Date	17 December 2010
Policy to be reviewed by	December 2012
Contact for this policy	Paul McManus Yorkshire and the Humber SCG paul.mcmanus@barnsleypct.nhs.uk