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CDF Update

Issue 5

September 2011

Keeping you informed

This newsletter is aimed at Consultant Oncologists/ Haematologists and other associated clinicians, commissioners and NHS managers who may be involved in accessing new cancer drugs.

The newsletter issued on an ad-hoc basis keeps you up to date on new approved drugs as well as changes to documentation or information to help with the decision making process.

Latest update on number of applications approved

As at week commencing 29th August 2011 451 applications have been approved Forecast Costs to end of March 2012 for these patients is £5,887,742.27

Expected spend for 2011/12 based on cohort drugs approved is £19.2million

Cancer Drugs Fund

Please find the latest edition of the Cancer Drugs Fund newsletter. The name has been updated to reflect that it is no longer the Interim Cancer Drugs Fund.

A new cancer drugs fund was announced by the Chief Medical Officer at the Department of Health in July 2010. The West Midlands was given £5.4m by the Government to set up a regional cancer drug fund to help patients get access to new cancer drugs. This money was available up to the end of March 2011.

It was announced on 1 April 2011 that the Cancer Drugs Fund would see a further £600 million invested over three years by the Coalition Government. Of the £200 million available for 2011/12, the West Midlands' share is £21m.

NICE Technology Appraisals

Following the publication of a number of Technology Appraisals by NICE a decision has been taken by the West Midlands Cancer Drugs Fund to only fund any of those previously CDF approved drugs for three months after publication of a TA. As the TAs are published towards the end of each month, the 1st of the month, three months after the published date will be used by PCTs to take up the funding.

azacitadine for myelodysplastic syndrome: This drug was originally approved for funding by the ICDF panel in October 2010. It has since received approval from the National Institute of Health and Clinical Excellence (NICE) , so will no longer come under the remit of the Cancer Drug Fund. The relevant NICE guidance is available here. The WM CDF will continue to fund the use of azacitadine in line with the CDF policy for 3 months from the publication of the NICE Technology Appraisal; the appropriate PCT will be expected to provide funding for azacitadine, in line with NICE recommendations, from 1st July 2011.

bendamustine in CLL - This drug was originally approved for funding by the ICDF panel in November 2010. It has since received approval from the National Institute of Health and Clinical Excellence (NICE) , so will no longer come under the remit of the Cancer Drug Fund. The relevant NICE guidance is available here. The WM CDF will continue to fund the use of bendamustine in CLL in line with the CDF policy for 3 months from the publication of the NICE Technology Appraisal; the appropriate PCT will be expected to provide funding for bendamustine, in line with NICE recommendations, from 1st June 2011.

rituximab for follicular lymphoma - This drug was originally approved for funding by the ICDF panel in December 2010. It has since received approval from the National Institute of Health and Clinical Excellence (NICE) , so will no longer come under the remit of the Cancer Drug Fund. The relevant NICE guidance is available here. The WM CDF will continue to fund the use of rituximab in line with the CDF policy for 3 months from the publication of the NICE Technology Appraisal; the appropriate PCT will be expected to provide funding for rituximab, in line with NICE recommendations, from 1st October 2011.

Please note that as from 1st September 2011, all application forms have to be typed - due to issues around legibility when scanned or copied.

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New Policies

A number of new policies have been introduced. Further information can be found at www.westmidlands.nhs.uk or www.wmsc.nhs.uk.

alemtuzumab for treatment of patients with B-cell chronic lymphocytic leukaemia

alemtuzumab has been accepted by the West Midlands CDF(WMCDF) Clinical Panel for funding under the cancer drugs fund for treatment of patients with B-cell chronic lymphocytic leukaemia:

- Who have the 17p gene deletion first line or
- Without bulky (>5cm) lymphadenophy who are refractory to purine containing regimens or who have progressed within 12 months of a purine treatment

bendamustine for the treatment of indolent Non-Hodgkin's Lymphoma (NHL)

bendamustine has been accepted by the WMCDF Clinical Panel for funding under the cancer drugs fund as treatment for patients with Indolent non-Hodgkin's lymphomas as monotherapy in patients who have progressed during/ or within 6 months following treatment with rituximab or a rituximab containing regimen.

bendamustine +/- retuximab in Recurrent CLL

bendamustine,as monotherapy or combined with rituximab has been accepted, by the WMCDF Clinical Panel for funding under the Cancer Drugs Fund only as treatment for patients with relapsed chronic lymphocytic leukaemia (CLL) requiring treatment and who are not suitable for a fludarabine containing regimen.

lenolidomide in myelodysplasia 5q- syndrome

lenalidomide has been accepted by the Cancer Drugs Fund Clinical Panel for funding under the cancer drugs fund as treatment for patients with myelodysplasia with „5q- syndrome".

sunitinib and everoliminus for Pancreatic Neuroendocrine Tumours

sunitinib and everolimus have been accepted by the Cancer Drugs Fund Clinical Panel for funding under the cancer drugs fund as treatment for patients with pancreatic neuroendocrine tumours. Insulinomas are excluded from this policy.

Please note that for all policies use of the drug or drug combination outside of the stated eligibility criteria will only be considered in exceptional circumstances through the Individual Funding route.

Cancer Drug Policies - Funding not approved

mifamurtide for osteosarcoma

mifamurtide has NOT been accepted by the West Midlands CDF Clinical Panel for funding under the Cancer Drugs Fund as treatment for patients with osteosarcoma. The trial data did not demonstrate sufficient evidence of clinical effectiveness.

To apply for patients to access the above drugs consultants need to download the application form (completing sections A & B as appropriate) and send back to wm.cancerdrugs@nhs.net
If you have any general queries regarding the process you can either email wm.cancerdrugs@nhs.net or call Janice Cunningham, on: 0121 695 2374. The CDF policy, application form and other supporting information can be found at: www.wmsc.nhs.uk and www.westmidlands.nhs.uk;

Please make sure you are using the latest version of the application form available on websites (above) and that your application forms are typed up.
From 1st September 2011 the Clinical Panel will no longer accept handwritten copies

CDF Update

New Policies (continued)

abiraterone & cabazitaxel in prostate cancer
abiraterone and cabazitaxel have been accepted by the WMCDF Clinical Panel for funding from the Cancer Drugs Fund as options for the treatment of patients with hormone refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen. Sequential use of abiraterone and cabazitaxel, is not routinely funded by the Cancer Drugs Fund.

eribulin in advanced breast cancer
eribulin has been accepted by the WMCDF Clinical Panel for funding from the Cancer Drugs Fund as an option in the treatment of locally advanced or metastatic breast cancer.

ipilimumab in malignant melanoma
ipilimumab has been accepted by the WMCDF Panel for funding from the Cancer Drugs Fund as a first- **or** second-line therapy for the palliative treatment of patients of good performance status with unresectable stage 3 or stage 4 malignant melanoma.

Please note that for all policies use of the drug or drug combination outside of the stated eligibility criteria will only be considered in exceptional circumstances through the Individual Funding route.

West Midlands Cancer Drugs Fund - The Clinical Panel

The WMCDF Clinical Panel is made up of representatives from across the region and includes consultant oncologists for children and adults, haematologists, pharmacists, SHA medical director and WMSCG representatives. The Clinical Panel members with voting rights are:

Don Milligan	Professor of Haematology
Murray Brunt	Consultant Clinical Oncologist
Martin English	Consultant Paediatric Oncologist
Clive Irwin	Consultant Clinical Oncologist
David Ferry	Professor Medical Oncology
David Prayle	Pharmacist
Sam Guglani	Consultant Clinical Oncologist
David Peake	Consultant Clinical Oncologist
Dan Ford	Consultant Clinical Oncologist
Nick Reed	Consultant Clinical Oncologist
Mark Hocking	Consultant Medical Oncologist
Simon Grumett	Consultant Clinical Oncologist
Syed Bokhari	Consultant Haematologist

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Updated Policies

A number of the Cancer Drugs policies have been updated and are listed below:

Revision of abraxane policy
It has been agreed that the WM policy will still be based on the SMC guidance with additional clarification on the wording around contraindications and intolerance of docetaxel.

bendamustine +/- ritumimab in relapsed CLL
It has been added in that bendamustine and rituximab are both covered by the fund. Wording has also been changed to reflect that this drug or combination would be used if patients were not fit enough to receive a purine-containing therapy. Wording is: "only as treatment for patients with relapsed chronic lymphocytic leukaemia requiring treatment in patients who are NOT suitable for a fludarabine containing regime"

bevacizumab triple negative breast policy
This has been updated to bring the policy in line with the revised license which now excludes combination with docetaxel.

bevacizumab in metastatic colorectal cancer
Patients can now access up to 26 doses of bevacizumab with a variety of chemotherapy combinations if this is continuous therapy spanning first and subsequent relapse in metastatic colorectal cancer.

cetuximab in metastatic colorectal cancer - reworded policy
The current policy has been updated to reflect that cetuximab is to be as a single agent (monotherapy) in patients for whom there are no chemotherapy options. This is a final systemic treatment.

everolimus
This policy has been updated to note change to clarify use after one VEGF-targeted therapy rather than just after 1st line use, as a small number of patients may need it after interferon and sunitinib.

Revision of lapatinib policy
The addition of a paragraph has been agreed to include access for patients who relapse on adjuvant Herceptin.

Cancer Drug Policies - funding not approved

mifamurtide in osteosarcoma
A clause included as point 1.3, regarding clinically exceptional requests, which can go through IFR route, and then IPA route.

vinflunine in transitional cell urothelial carcinoma
Clause included as point 1.3, regarding clinically exceptional requests, which can go through IFR route and then IPA route. This has also been put into the newer policy format with references included in the 'Documents which have informed this policy' section.

The updated CDF application form is now available on the websites:
www.westmidlands.nhs.uk and www.wmsc.nhs.uk

Please note that from 1st September 2011 applications forms must be typed - the Clinical Panel will no longer accept handwritten applications.