GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services Policy Position Statement PP118

Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene

July 2023

Version 3.0

PARCH - RESPECT

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Target audience	**For information** Chief Executives, Medical Directors, Directors of Finance, Directors of Planning, All Wales Medical Genetic Service
	For action Chief Pharmacists, Clinical Leads, Paediatric Consultant neurologists, Paediatric neurology Nurse Specialists, Paediatric Nurse Specialists, Consultant paediatricians, Director of Nursing, Specialist Head of Finance and Commissioning, Health Board Commissioning Managers, Planning managers
Description	NHS Wales propose to routinely commission this specialised service in accordance with the criteria described in this policy
Document No	PP118
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Contents

Policy Statement

Welsh Health Specialised Services Committee (WHSSC) propose to commission Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed the relevant guidance issued by National Institute of Health and Care Excellence (NICE) and has concluded that Ataluren should be made available.

Welsh Language

WHSSC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations 2018.

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this WHSSC is committed to working closely with providers to ensure that in the absence of a welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the WHSSC commitment.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy position statement.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in

consultation with the patient and/or their carer or guardian, or Local Authority.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this policy position statement.

1. Introduction

This Policy Position Statement Proposal has been developed for the planning and delivery of ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene for people resident in Wales. This proposed service will only be commissioned by the Welsh Health Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

In creating this document WHSSC has reviewed the relevant guidance issued by the National Institute of Health and Care Excellence (NICE)[1] and has concluded that ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene should be made available.

1.1 Background

Duchenne muscular dystrophy (DMD) is a severe, progressive X-linked recessive disorder that mainly affects males. A nonsense mutation causes a single-point alteration in deoxyribonucleic acid (DNA), which results in the presence of a premature stop codon in the protein-coding region of the corresponding messenger ribonucleic acid (mRNA). This premature stop codon causes the production of a shortened protein and leads to loss of dystrophin protein function and consequently to disease.

Patients with DMD have a continual and relentless decline in physical function followed by a decline in respiratory and cardiac function. They develop progressive muscle weakness from early childhood, losing lower and then upper body function. This loss of physical function continues to progress and wheelchair use is normally required from around 12 years of age. Full loss of physical function occurs from around age 20 years and patients become dependent on carers for all aspects of living, including feeding and personal care. Loss of walking ability (ambulation) in patients with DMD is a key milestone; this impacts quality of life significantly and is correlated with a faster rate of deterioration of other major clinical outcomes such as loss of upper-limb mobility and loss of self-feeding, as well as the need for breathing assistance. The subsequent cardiac and respiratory complications of DMD usually lead to death in early adult life (usually by age 30).

A 2013 study estimated DMD incidence to be 19 per 100,000 males[2]. Based on the number of live births in Wales (28,781), 51% of which are

[1] Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene | Guidance | NICE

[2] Moat SJ, et al. Newborn bloodspot screening for Duchenne muscular dystrophy: 21 years experience in Wales (UK). European journal of human genetics: EJHG. 2013;21(10):1049-1053.

males, there are an estimated 2 incident DMD patients per year[3]. Data from the TREAT-NMD DMD Global database, which contains over 7,000 mutations, has found that 10% of patients have nonsense mutation DMD (nmDMD)[4]. Therefore, in Wales there is likely to be one new nmDMD patient every five years.

Ataluren restores the synthesis of dystrophin by allowing ribosomes to read through premature stop codons that cause incomplete dystrophin synthesis in nonsense mutation DMD, thus targeting the cause of the disease.

1.2 Equality Impact Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subject to an Equality Impact Assessment in line with guidance contained in CPL-026[5].

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

An EQIA was also carried out by NICE during the evaluation of ataluren. For further details, please refer to the NICE website at: https://www.nice.org.uk/guidance/hst22

[3] Births in England and Wales: summary tables - Office for National Statistics (ons.gov.uk)
[4] Bladen CL, et al. The TREAT-NMD DMD global database: Analysis of More than 7,000 Duchenne Muscular Dystrophy Mutations. Human Mutation. 2015;36(4):395-402.
[5] https://whssc.nhs.wales/publications/corporate-policies-and-procedures/corp-026-eqia-policy/

2. Recommendations

The recommendations below represent the views of NICE, arrived at after careful consideration of the evidence available. Health professionals are expected to take into account the relevant NICE guidance[6], alongside the individual needs, preferences and values of the patient.

2.1 Inclusion Criteria

Ataluren is recommended, within its marketing authorisation, as an option for treating Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene in people 2 years and over who can walk.

This is only if the company provides ataluren according to the commercial arrangement.

2.2 Exclusion Criteria

Commissioning responsibility of ataluren for people aged 16 years and older lies with Health Boards in Wales.

2.3 Continuation of Treatment

Healthcare professionals are expected to review a patient's health at regular intervals to ensure they are demonstrating an improvement to their health due to the treatment being given.

If no improvement to a patient's health has been recorded then clinical judgement on the continuation of treatment must be made by the treating healthcare professional.

2.4 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.5 Transition arrangements

Transition arrangements should be in line with Transition from children's to adults' services for young people using health or social care services NICE guidance NG43 and the Welsh Government Transition and Handover Guidance.

Transition involves a process of preparation for young people and their families for their transition to adulthood and their transition to adult

[6] Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene | Guidance | NICE

services. This preparation should start from early adolescence 12–13-year-olds. The exact timing of this will ideally be dependent on the wishes of the young person but will need to comply with local resources and arrangements.

The transition process should be a flexible and collaborative process involving the young person and their family as appropriate and the service.

The manner in which this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice taken into account together with individual health board and environmental circumstances factored in.

2.6 Designated Providers

Children's Hospital for Wales
University Hospital of Wales
Heath Park Way
Cardiff, CF14 4XW

Alder Hey Children's Hospital
East Prescot Road
Liverpool, L14 5AB

Birmingham Women and Children's hospital
Steelhouse Lane
Birmingham, B4 6NH

Robert Jones Agnes Hunt
Twympath Lane
Oswestry
Shropshire, SY10 7AG

2.7 Blueteq and reimbursement

Ataluren will only be funded for patients registered via the Blueteq system and where an appropriately constructed MDT has approved its use within highly specialised paediatric endocrinology centres.

Where the patient meets the criteria in this policy and the referral is received by an agreed centre, a Blueteq form should be completed for approval. For further information on accessing and completing the Blueteq form please contact WHSSC using the following e-mail address: WHSSC.blueteq@wales.nhs.uk

If a non-contracted provider wishes to treat a patient that meets the criteria, they should contact WHSSC (e-mail: WHSSC.IPC@Wales.nhs.uk). They will be asked to demonstrate they have an appropriate MDT in place.

Ataluren should be administered orally every day in 3 doses. The recommended dose is 10 mg/kg body weight in the morning, 10 mg/kg body weight at midday, and 20 mg/kg body weight in the evening (for a total daily dose of 40 mg/kg body weight).

Ataluren is available in sachets of 125 mg, 250 mg or 1000 mg. The table in the SmPC provides information on which sachet strength(s) to use in the preparation of the recommended dose by body weight range.

The price for ataluren is £2,532 per box of thirty 125 mg sachets, £5,064 per box of thirty 250 mg sachets and £20,256 per box of thirty 1,000 mg sachets. There is a simple discount patient access scheme (PAS) for ataluren available to the NHS with a discount. The size of the discount is commercial in confidence. Health Boards in Wales should refer to the AWTTC vault for further information on the PAS price.

2.8 Action to be taken

- Health Boards and WHSSC are to circulate this Policy Position Statement to all Hospitals/MDTs to inform them of the conditions under which the technology will be commissioned.

- WHSSC are to ensure that all providers are purchasing ataluren at the agreed discounted price.

- Providers are to ensure the need to approve ataluren at the appropriate MDT and are registering use on the Blueteq system, and the treatment will only be funded where the Blueteq minimum dataset is fully and accurately populated.

- Providers are to determine estimated patient numbers and the current dose of any patient(s) who will transfer from any company compassionate use scheme or EAMS.

- The Provider should work to written quality standards and provide monitoring information to WHSSC on request.

3. Putting Things Right

3.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales, the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

3.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The All Wales IPFR Panel will then consider the request.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

Annex i Codes

Code Category	Code	Description
	G71.0	Duchenne Muscular Dystrophy