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Welsh Health Specialised Services Committee (WHSSC)

Specialised Services Policy Position PP189

Emicizumab as prophylaxis in people with severe congenital haemophilia A without factor VIII inhibitors

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Version 1.0

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Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy
Document No	PP189
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Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will commission emicizumab as prophylaxis treatment for people with severe congenital haemophilia A without factor VIII inhibitors in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed the relevant guidance issued by NHS England and has concluded that emicizumab as prophylaxis treatment for people with severe congenital haemophilia A without factor VIII inhibitors (all ages) 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.

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

1. Introduction

This Policy Position has been developed for the planning and delivery of emicizumab as prophylaxis treatment for people with severe congenital haemophilia A without factor VIII inhibitors for people resident in Wales. This service will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 Plain language summary

Haemophilia A is a rare condition that affects the blood's ability to clot. Haemophilia A is usually inherited and usually occurs in males. Instances of haemophilia in females are rare.

Normally, when a person cuts themselves, substances in the blood called clotting factors combine with blood cells called platelets, making the blood clot and stopping the bleeding. People with haemophilia A do not have enough of a clotting factor called factor VIII (eight) in their blood, or it isn't working properly. This means they cannot form strong clots and so they bleed for longer than usual.

Symptoms of haemophilia A can be mild to severe, depending on the person's level of clotting factor VIII. People with haemophilia A may bruise easily and bleed for longer than people who do not have haemophilia A. Bleeding can be external (for example, from cuts) or internal (for example, into the brain or into joints, including the ankle, knee and elbow) and can be caused by trauma or develop spontaneously.

Bleeding into joints causes acute pain and over time irreversible damage to the joints (reducing the person's ability to move) and reduce the person's quality of life. Bleeding into the brain may be fatal.

People with haemophilia A are currently treated by replacing the missing factor VIII. Factor VIII replacement treatment prevents bleeds and allows the person to grow up with normal joints.

1.2 Aims and Objectives

This Policy Position aims to define the commissioning position of WHSSC on the use of emicizumab as prophylaxis treatment for people with severe congenital haemophilia A without factor VIII inhibitors.

The objectives of this policy are to:

- ensure commissioning for the use of emicizumab is evidence based
- ensure equitable access to emicizumab
- define criteria for people with severe congenital haemophilia A without factor VIII inhibitors to access treatment

- improve outcomes for people with severe congenital haemophilia A without factor VIII inhibitors to access treatment

1.3 Epidemiology

The UK National Haemophilia Database Bleeding Disorder Statistics for April 2016 to March 2017[1] reports that there are approximately 6,478 people in the UK with mild, moderate or severe forms of haemophilia A (not including low-level carriers; factor VIII level ≥40 IU/dL). The vast majority of these people (6,261) do not have current inhibitors to factor VIII and 1,766 of these people have severe haemophilia.

The eligible patient population for Emicizumab in the UK is considered to be equivalent to the patients with severe haemophilia A without current inhibitors (n=1,766).

1.4 Current Treatment

There is currently no cure for haemophilia A and lifelong treatment is required. The aim of treatment for haemophilia A is to prevent bleeding episodes from occurring. In particular, the aim is to prevent joint bleeds (and therefore prevent joint damage) and other serious bleeds which can lead to disability and death. Bleeds can be prevented or reduced by injections of factor VIII into the vein (either directly or via a central venous access device for patients who require it), given every 2 to 3 days. If a bleed occurs, it is treated with injections of factor VIII.

1.5 Proposed Treatment

Emicizumab is a drug used to prevent bleeding or reduce the number of bleeds in people with haemophilia A. Emicizumab works by mimicking the action of factor VIII. Emicizumab binds to factor X (ten) and activated factor IX (nine) which brings those clotting factors near each other and activates the blood clotting system even if no factor VIII is present. This is different to how replacement factor VIII works. Emicizumab is injected under the skin (subcutaneous injection). When a person starts on emicizumab they need to inject it once a week for the first 4 weeks (this is called a loading dose). After this, the person can inject emicizumab either once a week, once every 2 weeks or once every 4 weeks. The dose given depends on the patient's weight.

1.6 What NHS Wales has decided

WHSSC has carefully reviewed the relevant guidance issued by NHS England. We have concluded that there is enough evidence to fund the use of emicizumab as prophylaxis in people with congenital haemophilia without factor VIII inhibitors, within the criteria set out in section 2.1.

[1] http://www.ukhcdo.org/wp-content/uploads/2018/02/Bleeding-Disorder-Statistics-for-April-2016-to-March-2017-for-UKHCDO.pdf

2. Criteria for Commissioning

The Welsh Health Specialised Services Committee will approve funding of emicizumab as prophylaxis treatment for people with congenital haemophilia A without factor VIII inhibitors for people resident in Wales, in-line with the criteria identified in the policy.

2.1 Inclusion Criteria

WHSSC will commission emicizumab prophylaxis in adults and children with severe congenital haemophilia A (defined as factor VIII level <1 IU/dL, or <1% of normal) without current inhibitors to prevent bleeding episodes.

2.2 Exclusion Criteria

WHSSC will only commission emicizumab prophylaxis for patients meeting the criteria in 2.1.

2.3 Stopping Criteria

After 6 to 12 months treatment with emicizumab, it should be withdrawn and ceased in the following situations:

- Where there is an annualised bleeding rate of 5 or more spontaneous bleeds or bleeds relating to activities of daily living compared with the patient's baseline bleeding rate over the 12 months preceding Emicizumab when treated with intravenous factor VIII.
- For patients who are treatment naïve, where there is an annualised bleeding rate of 5 or more spontaneous bleeds or bleeds related to activities of daily living.
- Loss of efficacy due to the development of antibodies to emicizumab, or as otherwise clinically determined.
- Treatment with emicizumab should be withdrawn and ceased immediately in the case of a severe allergic reaction.

2.4 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.

2.5 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.

2.6 Patient Pathway (Annex i)

Emicizumab will only be commissioned and funded via Haemophilia Comprehensive Care Centres. Emicizumab should only be prescribed by a Comprehensive Care Centre. All patients receiving Emicizumab must have access 24 hours a day, 7 days a week to consultant haematologists with expertise in treating patients without inhibitors. Haemophilia centres prescribing emicizumab should have access to chromogenic factor VIII assays that use bovine reagents so that factor VIII levels can be measured if necessary.

2.7 Exceptions

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 request will then be considered by the All Wales IPFR Panel.

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

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

2.8 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner.

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

All patients must be registered with the UK National Haemophilia Database. The outcome of emicizumab prophylaxis must be reported to the National Haemophilia Database annually. Patients receiving emicizumab must record all their bleeds and treatment on a secure therapy recording system.

All haemophilia comprehensive care centres will be required to participate in an ongoing national audit which will include:

- Starting dose and dose changes to review compliance with protocols
- Cardiovascular risk factors and history when commencing emicizumab

- Factor VIII usage
- Number of bleeding episodes per year (and annualised baseline number of bleeding episodes before commencing emicizumab prophylaxis)
- Haemophilia Joint Health Score (HJHS)
- Adverse reactions (including thrombotic events and allergic reactions)
- Results from testing for factor VIII inhibitors for all patients.

2.9 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinician considering treatment should:

- discuss all the alternative treatment with the patient
- advise the patient of any side effects and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with WHSSC for the treatment.

In all other circumstances an IPFR must be submitted.

3. Documents which have informed this policy

The following documents have been used to inform this policy:

- **NHS England policies**
  - Clinical Commissioning Policy: https://www.engage.england.nhs.uk/consultation/severe-congenital-haemophilia-a/user_uploads/1819-policy-proposition.pdf

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

4. Date of Review

This document will be reviewed when information is received which indicates that the policy requires revision.

5. Putting Things Right:

5.1 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.

5.2 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 request will then be considered by the All Wales IPFR Panel.

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

6. Equality Impact and Assessment

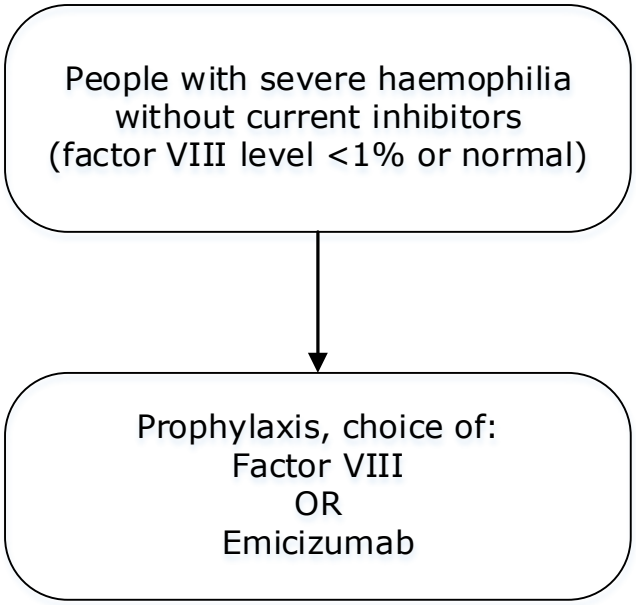
The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies 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 subjected to an Equality Impact Assessment.

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.

Annex i Patient Pathway

Current treatment options are prophylactic or episodic treatment with factor VIII (either factor VIII or enhanced half-life factor VIII), the choice of which is guided by disease severity and bleeding history.



Annex ii Checklist

Emicizumab as prophylaxis in people with severe congenital haemophilia A without factor VIII inhibitors (PP189)

The following checklist should be completed for every patient to whom the policy applies:

- Where the patient meet the criteria **and** the procedure is included in the contract **and** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- The patient meets the criteria **and** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- The patient meets the criteria but wishes to be referred to a non-contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- 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 request will then be considered by the All Wales IPFR Panel.

Annex iii Codes

Code Category	Code	Description
ICD-10	D66	Hereditary Factor VIII deficiency

Annex iv Abbreviations and Glossary

Abbreviations

IPFR Individual Patient Funding Request

WHSSC Welsh Health Specialised Services

Glossary

Central venous access device (CVAD)
A tube that is inserted into and positioned within a vein in the body to allow treatments to be delivered into the bloodstream.

Haemophilia A
An inherited condition, affecting predominately males, in which there is excessive bleeding which can follow trauma or can occur spontaneously due to insufficient production of factor VIII, an essential blood-clotting protein.

Individual Patient Funding Request (IPFR)
An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Inhibitor
An antibody produced by the immune system which neutralises and de-activates factor VIII.

Welsh Health Specialised Services Committee (WHSSC)
WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.