Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
Policy Position Statement PP249

Odevixibat for treating progressive familial intrahepatic cholestasis in children (from 6 months until their 16th birthday)

February 2023

Version 0.1

PARCH - RESPECT
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Document information	
Document purpose	For information and action
Publication date	February 2023
Commissioning Team	Neurosciences and Long-term Conditions
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, adult and paediatric Consultant Hepatologists, Hepatology Nurse Specialists, Director of Operations for Specialist Services, Directorate Manager for Hepatology and Paediatrics, Consultant Paediatricians, Director of Nursing, Specialist Head of Finance and Commissioning, Health Board Commissioning Managers, Planning Managers
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy
Document No	PP249
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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.

Contents

1. Introduction

This Policy Position Statement has been developed for the planning and delivery of Odevixibat for treating progressive familial intrahepatic cholestasis in children aged 6 months old until their 16th birthday and resident in Wales. This 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 Odevixibat for treating progressive familial intrahepatic cholestasis should be made available.

1.1 Background

Progressive familial intrahepatic cholestasis

Progressive familial intrahepatic cholestasis (PFIC) is the name given to a group of genetic disorders that affect the liver. They result in the flow of bile from the liver to the gastrointestinal tract being reduced or stopping completely. This causes bile to accumulate in the liver cells (cholestasis), which start to die and are replaced with scar tissue. This leads to cirrhosis (severe scarring) and liver failure. PFIC is caused by mutations in the genes that encode the proteins involved in transporting bile out of the liver, adversely affecting their function. Three main types have been identified (PFIC1, PFIC2 and PFIC3). The most prevalent is PFIC2. In PFIC1 and PFIC2, symptoms usually occur in the first months of life. PFIC3 can also appear later in infancy, in childhood or even during young adulthood. PFIC progresses at varying rates dependent on the type, but usually develops into cirrhosis within the first decade of life. It is fatal if untreated.

People with PFIC have a wide range of symptoms, determined primarily by the type they have. However, in all types, the condition is characterised by severe pruritus (itching), jaundice and raised serum bile acid levels. Diagnosis is primarily clinical. Other symptoms occurring outside the liver include diarrhoea, fat-soluble vitamin deficiencies and poor growth. These are more common in PFIC1. PFIC2 in particular is characterised by more rapid disease progression and a higher risk of liver cancer.

Epidemiology

The prevalence of PFIC in the UK is unknown. However, worldwide estimates range between 1 per 50,000 to 1 per 100,000 live births[2].

[1] Overview | Odevixibat for treating progressive familial intrahepatic cholestasis | Guidance | NICE
[2] https://www.nice.org.uk/guidance/hst17/chapter/2-The-condition

Current treatment

There are no other licensed medicines for PFIC. Initial management includes off-label medicines (for example, ursodeoxycholic acid, rifampicin, and cholestyramine). The aim with these is to control the cholestatic pruritus. They are often given in combination and used alongside nutritional management, such as vitamin supplements to optimise nutrient absorption and promote growth. Surgical options are used when pruritus persists despite these off-label medicines. It includes surgical biliary diversion (SBD) and a liver transplant. Partial external biliary diversion is the most common form of SBD and involves diverting bile away from the gallbladder via an external stoma. A liver transplant is needed by most people with PFIC.

Odevixibat

Odevixibat (Bylvay®, Albireo Pharma) is a selective inhibitor of the ileal bile acid transporter (IBAT). IBAT is involved in the absorption of bile acids in the small intestine for circulation back to the liver. Odevixibat stops the recycling of bile acids, increasing their excretion through the colon lowering hepatic and serum bile acid levels. It has a marketing authorisation under 'exceptional circumstances' for 'the treatment of progressive familial intrahepatic cholestasis (PFIC) in patients aged 6 months or older'. The marketing authorisation for odevixibat covers all types of PFIC.

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 CORP-026[3].

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 Odevixibat for treating progressive familial intrahepatic cholestasis. For further details, please refer to the NICE website[4]

[3] Equality Impact Assessment Policy (EQIA), WHSSC Corporate Policy (2022)
[4] https://www.nice.org.uk/guidance/hst17/documents/equality-impact-assessment-guidance-development

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[5], alongside the individual needs, preferences and values of the patient.

2.1 Inclusion Criteria

Odevixibat is recommended, within its marketing authorisation, as an option for treating progressive familial intrahepatic cholestasis (PFIC) in people 6 months and older[6]. It is recommended only if the company provides odevixibat according to the commercial arrangement[6].

2.2 Exclusion Criteria

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

2.3 Stopping Criteria

Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy. If an adequate clinical response has not been achieved after three months of continuous therapy, the dose may be increased to 120 micrograms/kg/day[5]. Alternative treatment should be considered in patients for whom no treatment benefit can be established following 6 months of continuous daily treatment with odevixibat[7].

2.4 Transitional

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[7] and the Welsh Government Transition and Handover Guidance.[8]

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

[5] Overview | Odevixibat for treating progressive familial intrahepatic cholestasis | Guidance | NICE
[6] https://www.nice.org.uk/guidance/hst17/chapter/1-Recommendations
[7] https://www.nice.org.uk/guidance/ng43
[7] Bylvay - (emc) (medicines.org.uk)
[8] Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE

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.

2.5 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.

There will be a need to decide when to discontinue the medication in non-responders. 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.

2.6 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.

2.7 Designated Providers

Odevixibat treatment will be initiated and monitored in one of the following highly specialised paediatric liver disease centres. They provide family-centred specialist care for children and families with liver disease, including metabolic liver disease, acute liver failure and pre-and post-liver transplant management.

- Birmingham Childrens Hospital
  Steelhouse Lane
  Birmingham, B4 6NH

- King's College, London
  Strand
  London, WC2R 2LS

- Leeds Teaching Hospitals NHS Trust
  Leeds Children's Hospital
  Clarendon Wing
  Leeds, LS1 3EX

2.8 Blueteq and reimbursement

Odevixibat for treating progressive familial intrahepatic cholestasis 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 hepatology centres.

Where the patient meet 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: Wales.IPC@wales.nhs.uk). They will be asked to demonstrate they have an appropriate MDT in place.

Funding is approved on the basis that Odevixibat is prescribed and administered in accordance with its marketing authorisation[5].

Odevixibat is available as a pack of 30 capsules. The cost per pack of 200 microgram capsules is £2,620, per pack of 400 microgram capsules is £5,240, per pack of 600 microgram capsules is £7,860 and per pack of 1,200 microgram capsules is £15,720 (excluding VAT; company's evidence submission). The company has a commercial arrangement. This makes odevixibat 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 Patient Access Scheme (PAS) price.

2.9 Action to be taken

- Health Boards are to circulate this Policy Position Statement to all Hospitals/MDTs to inform them of the conditions under which the technology will be commissioned.
- Health Boards are to ensure that all providers are purchasing odevixibat at the agreed discounted price.
- Health Boards are to ensure that all providers understand the need to approve odevixibat 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