GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
Policy Position Statement PP234

Crizanlizumab for preventing sickle cell crises in sickle cell disease in people aged 16 or over

February 2023

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Description	NHS Wales will commission this specialised service in accordance with the criteria described in this policy within a managed access agreement
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Contents

Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will commission Crizanlizumab for preventing sickle cell crises for people aged 16 years and over with sickle cell disease[1] 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)[2] and has concluded that Crizanlizumab 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.

[1] Sickle cell disease is also known as sickle cell disorder. As this policy position statement is based on NICE guidance, the terminology used by NICE has been adopted throughout.
[2] Overview | Crizanlizumab for preventing sickle cell crises in sickle cell disease | Guidance | NICE

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 has been developed for the planning and delivery of Crizanlizumab for preventing[3] sickle cell crises for people aged 16 years and older with sickle cell disease 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.

1.1 Plain language summary

Sickle cell is a hereditary disorder of the haemoglobin in red blood cells. The main symptoms of sickle cell disorder (SCD) are anaemia and episodes of severe pain. The pain occurs when the cells change shape after oxygen has been released. The red blood cells then stick together, causing blockages in the small blood vessels. These painful episodes are referred to as sickle cell crises (vaso-occlusive crises or VOC).

Acute painful sickle cell episodes occur unpredictably, often without clear precipitating factors. Their frequency may vary from fewer than one episode a year to severe pain at least once a week. Pain can fluctuate in both intensity and duration, and may be excruciating. The majority of painful episodes are managed at home. Patients usually seek hospital care only if the pain is uncontrolled, they have additional worrying symptoms requiring attention, or they have no access to analgesia. Patients requiring hospital admission may then remain there for several days although a few percent may require a prolonged stay (more than 21 days). Frequent re-admissions (≥3 admissions/year) occur in 2–10% of the patient population[4][5].

People with SCD are at risk of complications stroke, acute chest syndrome, blindness, bone damage and priapism (a persistent, painful erection of the penis). Over time people with SCD can experience damage to organs such as the liver, kidney, lungs, heart and spleen[6].

Treatment mostly focuses on preventing and treating complications. People are often admitted to hospital when they have a sickle cell crisis, given strong pain killers such as morphine to control the pain, intravenous therapy and antibiotics. Some require regular blood transfusions to help reduce the number of sickle cell crisis as well as prevent life-threatening problems.

[3] The term "prevent" has been used throughout this document as this is the terminology used in the NICE guidance on which the document is based. The term "prevent" is used to mean "reduce the frequency of" in this document.
[4] Sickle Cell Disease: Management of Acute Painful Episodes in Hospital NICE Clinical Guidelines, No. 143 2012 Jun
[5] Lutgart S et al, ASCAT abstract: Acute And Chronic Pain Management In Sickle Cell Disease: Outcomes Of An English National Audit.
[6] https://www.sicklecellsociety.org

Crizanlizumab, is a monoclonal antibody (a type of protein) designed to attach to a substance, P-selectin, present on the surface of the cells lining blood vessels. P-selectin helps cells stick to the blood vessels and plays a role in the clogging up of vessels during painful crises in sickle cell disease. By attaching to and blocking the action of P-selectin, crizanlizumab helps prevent painful crises[7]. Crizanlizumab is injected into the vein (intravenous, or IV) that people with SCD can receive on its own or alongside hydroxycarbamide (also known as hydroxyurea)[8].

1.2 Aims and Objectives

This Policy Position Statement aims to define the commissioning position of WHSSC on the use of crizanlizumab for preventing sickle cell crises in sickle cell disease.

The objectives of this policy are to:

- ensure commissioning for the use of crizanlizumab is evidence based
- ensure equitable access to crizanlizumab
- define criteria for people with sickle cell disease to access treatment
- improve outcomes for people with sickle cell disease.

1.3 Epidemiology

SCD can affect people of all ancestral origins but occurs mainly in people whose heritage lies in those parts of the world where malaria is or was endemic. In the UK, those affected are mainly of African and African Caribbean ancestry, but there are also significant numbers of people of other ancestral origins (Middle Eastern, East Mediterranean and Asian Indian for instance). Approximately 15,000 people in the UK have sickle cell disorder.[9] There are approximately 50 adults and 38 children with SCD in Wales. Around 3-4 babies could be born in Wales each year with SCD[10].

1.4 Current Treatment

Treatments to prevent sickle cell crises include hydroxycarbamide (also known as hydroxyurea), which is taken as a tablet, or regular blood transfusions.

1.5 Proposed Treatment

Crizanlizumab is a treatment injected into the vein (intravenous, or IV) that people aged 16 or over can receive on its own or alongside hydroxycarbamide.

[7] European Medicines Agency: Adakveo (crizanlizumab)
[8] Further plain language information about crizanlizumab can be found on the Sickle Cell Society web page: Crizanlizumab – A Simple Guide
[9] https://www.sicklecellsociety.org/about-sickle-cell/
[10] These figures were provided to WHSSC by the UHW haematology service in September 2021

1.6 What NHS Wales has decided

WHSSC has carefully reviewed the relevant guidance issued by National Institute of Health and Care Excellence (NICE)[11]. We have concluded that crizanlizumab, should be made available within a managed access agreement within the criteria set out in section 2.1.

[11] Overview | Crizanlizumab for preventing sickle cell crises in sickle cell disease | Guidance | NICE

2. Criteria for Commissioning

The Welsh Health Specialised Services Committee have approved funding of crizanlizumab for preventing sickle cell crises for people aged 16 or over with sickle cell disease in line with the criteria identified in the policy.

2.1 Inclusion Criteria

- Crizanlizumab is recommended as an option for preventing recurrent sickle cell crises (vaso-occlusive crises) in people aged 16 or over with sickle cell disease only if the conditions in the managed access agreement[12] are followed.
- This recommendation is not intended to affect treatment with crizanlizumab that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

2.2 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.

2.3 Acceptance Criteria

The service outlined in this policy position statement 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.

2.4 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, an IPFR should be submitted.

[12] Tools and resources | Crizanlizumab for preventing sickle cell crises in sickle cell disease | Guidance | NICE

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

2.5 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner[13].

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 people aged 16 years or older.

2.6 Blueteq and reimbursement

Crizanlizumab will only be funded for patients registered via the Blueteq system and where an appropriately constructed MDT has approved its use.

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: wales.ipc@wales.nhs.uk). They will be asked to demonstrate they have an appropriate MDT in place.

Crizanlizumab has a marketing authorisation in the UK for 'the prevention of recurrent vaso-occlusive crises (VOCs) in sickle cell disease patients aged 16 years and older. It can be given as an add-on therapy to hydroxyurea/hydroxycarbamide (HU/HC) or as monotherapy in patients for whom HU/HC is inappropriate or inadequate'. It is administered by intravenous infusion. It will only be commissioned by WHSSC when prescribed in accordance with its marketing authorisation[14].

The list price of crizanlizumab is £1,038 for a 100-mg vial (excluding VAT; BNF online accessed October 2021). The company has a commercial arrangement. This makes crizanlizumab available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

[13] CP179 Sickle Cell Disorders, Thalassaemia Disorders and other Rare Hereditary Anaemias: all ages, December 2020
[14] https://www.medicines.org.uk/emc/product/12943

2.7 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and

Clinicians considering treatment should:

- discuss all the alternative treatments 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
- ensure the requirements of the managed access agreement[15] are met.

In all other circumstances an IPFR must be submitted.

[15] Tools and resources | Crizanlizumab for preventing sickle cell crises in sickle cell disease | Guidance | NICE

3. Documents which have informed this policy

The following documents have been used to inform this policy:

- **WHSSC policies and service specifications**
  - CP179 Sickle Cell Disorders, Thalassaemia Disorders and other Rare Hereditary Anaemias: all ages, December 2020

- **National Institute of Health and Care Excellence (NICE) guidance**
  - Crizanlizumab for preventing sickle cell crises in sickle cell disease. NICE Technology appraisal guidance (TA743). November 2021

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 and takes into account the Socio-economic Duty and the Wales Race Equality Action Plan.

The Assessment demonstrates the policy is robust and there is low risk of potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

Annex i Codes

Code Category	Code	Description
ICD-10	D57	Sickle cell disorders

Annex ii Abbreviations and Glossary

Abbreviations

IPFR Individual Patient Funding Request

SCD Sickle Cell Disease/Disorder

VOC Vaso-occlusive crises

WHSSC Welsh Health Specialised Services Committee

Glossary

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.

Managed Access Agreement

A Managed Access Agreement is an agreement between the NHS and NICE which enables patients to receive new treatments while long-term data on them is still being gathered and before final funding decisions are taken.

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.