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

Specialised Services Policy Position Statement PP277

Lumasiran for treating primary hyperoxaluria type 1

December 2023

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PARCH - RESPECT
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	For action Chief Pharmacists and Clinical Leads Renal Network Board members Home Dialysis Lead Nurses Renal Collaboration Group Consultants in Metabolic Medicine Child Health Consultants Consultant Gastroenterologists Consultant Hepatologists Consultant Paediatricians Histopathologists Hepatology Clinical Nurse Specialists Medical Genetics
Description	NHS Wales routinely commission this specialised service in accordance with the criteria described in this policy
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Contents

Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will commission lumasiran for people with primary hyperoxaluria type 1 in accordance with the criteria outlined in this document. In creating this policy WHSSC has reviewed the relevant guidance issued by the National Institute of Health and Care Excellence (NICE)[1] and has concluded that lumasiran 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

[1] Overview | Lumasiran for treating primary hyperoxaluria type 1 | Guidance | NICE

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 lumasiran for treating primary hyperoxaluria type 1 in people of all ages resident in Wales. This treatment 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)[2] and has concluded that lumasiran for treating primary hyperoxaluria type 1 should be made available.

1.1 Background

Primary hyperoxaluria type 1

Primary hyperoxaluria type 1 (PH1)[3] is a rare, inherited condition which mainly affects the kidneys. Oxalate is derived from endogenous production following the metabolism of glyoxylate within the body as well as from the diet, and is excreted by the kidney[4]. In PH1, a genetic mutation causes the liver to produce excess oxalate. The accumulated oxalate deposits in the kidneys and urinary tract, where it combines with calcium, forming the main component of kidney and bladder stones (calcium oxalate).

Signs and symptoms of PH1 vary in severity and may begin any time from infancy to early adulthood. These include recurrent kidney stones, blood in the urine, urinary tract infections and, over time, impaired kidney function.

Left untreated, PH1 can result in end-stage kidney disease requiring dialysis. The intensity and burden of dialysis for patients with more advanced stages of renal impairment is significant and difficult to sustain, both for the patient and for their caregivers[1]. Calcium oxalate crystals may also be deposited in extra renal organs such as the eyes, bones and joints (systemic oxalosis). This can cause severe disabling complications and affect the growth and development of children. The median age at diagnosis is around 7 to 10 years in people with primary hyperoxaluria.

Current Treatment

Current treatments do not include medicines specifically licensed for the treatment of PH1. Standard care depends on a person's kidney function. In people with no kidney impairment, treatment includes supportive measures such as an oxalate-controlled diet, hyperhydration, crystallisation inhibitors

[2] Overview | Lumasiran for treating primary hyperoxaluria type 1 | Guidance | NICE
[3] Hyperoxaluria | The UK Kidney Association
[4] GARD Rare Disease Information - Primary hyperoxaluria type 1 - National Organization for Rare Disorders (rarediseases.org)

(e.g., potassium citrate) and pyridoxine (vitamin B6) supplementation. These supportive measures have limited efficacy at slowing disease progression[5]. They are frequently burdensome with especially young children not able to comply fully with the requirements. In addition, pyridoxine is able to reduce the oxalate burden only in a minority of patients[6].

Early treatment is important for maintaining kidney function. People with more advanced stages of kidney impairment, can require dialysis to slow the build-up of oxalate around the body or replace lost kidney function. A liver–kidney transplant may be needed in end-stage kidney disease to eliminate the source of excess oxalate production and restore lost kidney function. Treatment of kidney stones may be needed at all stages of disease.[7] [8]

Lumasiran

Lumasiran (Oxlumo®, Alnylam UK Ltd) is a small interfering ribonucleic acid (siRNA) that reduces levels of glycolate oxidase enzyme, which then reduces the amount of available glyoxylate, a substrate for oxalate production in the liver. This results in reduction of urinary and plasma oxalate levels, which is the underlying cause of disease manifestations in patients with PH1. This medicine has marketing authorisation in the UK for the treatment of primary hyperoxaluria type 1 (PH1) in all age groups[9].

Epidemiology

The exact incidence and prevalence of primary hyperoxaluria is unknown. However, data from the National Registry of Rare Kidney Diseases (RaDaR), suggests around 120 people in the UK have hyperoxaluria (as of October 2021). PH1 is the most common form, with approximately three quarters of people (n=90) with primary hyperoxaluria diagnosed as type 1[8]. In Europe the incidence of this specific mutation (for example, PH1) has been estimated at 1 case per 120,000 live births per year, and the prevalence is considered to be around 1 to 3 people per million[5]. This would suggest an incidence of one case in Wales every 4 years, and a prevalence of between 3-10 patients living in Wales with PH1.

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

[5] Clinical practice recommendations for primary hyperoxaluria: an expert consensus statement from ERKNet and OxalEurope | Nature Reviews Nephrology
[6] Oxlumo, INN lumasiran (europa.eu)
[7] Overview | Lumasiran for treating primary hyperoxaluria type 1 | Guidance | NICE
[8] Hyperoxaluria | The UK Kidney Association
[9] Oxlumo 94.5 mg/0.5 mL solution for injection - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)

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[10]

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 lumasiran. For further details, please refer to the NICE website at: https://www.nice.org.uk/guidance/hst25/documents/final-appraisal-determination-document

[10] WHSSC Specialised Services: Corp-26 Equality Impact Assessment Policy (EQIA)

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

2.1 Inclusion Criteria

Lumasiran is recommended, within its marketing authorisation, as an option for treating primary hyperoxaluria type 1 (PH1) in people of all ages. It is recommended only if the company provides lumasiran according to the commercial arrangement.[12]

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 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.

2.4 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 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.

[9] Lumasiran for treating hyperoxaluria type. NICE Highly specialised technologies guidance (HST25), April 2023
[12] Overview | Lumasiran for treating primary hyperoxaluria type 1 | 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 way 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 Designated Providers

Patients should be referred for assessment of eligibility for treatment to a paediatric neurology/paediatric metabolic medicine team at the following centres:

- Children's Hospital for Wales
  University Hospital of Wales
  Health Park Way
  Cardiff
  CF14 4XW

- Birmingham Women's and Children's NHS Foundation Trust
  Birmingham Children's Hospital
  Steelhouse Lane
  Birmingham, B4 6NH

2.6 Blueteq and reimbursement

Lumasiran 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 nephrology 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.

Lumasiran (Oxlumo®) is available as 94.5 mg/0.5 mL solution for subcutaneous injection only. Therapy should be initiated and supervised by a physician experienced in the management of hyperoxaluria'[13].The recommended dose consists of loading doses (3-6 mg/kg depending on body weight) given once a month for 3 doses, followed by maintenance

doses beginning one month after the last loading dose[13]. The maintenance dose (3-6 mg/kg) and interval (every 1-3 months) are also dependent on body weight.

The list price is £61,068.98 per single-use vial (94.5mg mg/0.5 ml)[14]. The company has a commercial arrangement. This makes lumasiran 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.

2.7 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 lumasiran at the agreed discounted price.

- Providers are to ensure the need to approve lumasiran 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.

[13] Oxlumo 94.5 mg/0.5 mL solution for injection - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)
[14] https://www.mims.co.uk/drugs/nutrition/inborn-errors-of-metabolism/oxlumo

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
ICD	E72.53	Primary Hyperoxaluria