Aylesbury Vale Clinical Commissioning Group
Bracknell and Ascot Clinical Commissioning Group
Chiltern Clinical Commissioning Group
Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
South Reading Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group
Wokingham Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 263 TVPC 43	**Use of biologic therapies for ulcerative colitis in adults (18 years and over)**
Recommendation made by the Priorities Committee:	**May 2016**
Date Agreed by OCCG:	**4 August 2016**
Date of issue:	**25 August 2016**

Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE technology appraisal (TA) guidance for the sequential use of biologic therapies for ulcerative colitis. The Committee supports the use of biologics as per NICE TA329 'Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy' (February 2015) [1] , TA342 'Vedolizumab for treating moderately to severely active ulcerative colitis' (June 2015) [2] and TA163 'Infliximab for acute exacerbations of ulcerative colitis' (2008) [3]. NICE technology appraisals do not cover the sequential use of biologics.

As per NICE guidance, if more than one tumour necrosis factor-alpha antagonists (anti-TNF) treatment is suitable, the least expensive should be chosen (taking into account tariff and price per dose) [1].

Due to the lack of evidence of clinical and cost effectiveness to support switching in between the therapies, the use of a second anti-TNF is only supported following a documented adverse drug reaction to the first line anti-TNF.

Sequential use of another anti-TNF after treatment failure (non-response or loss of response) with a first anti-TNF is **not normally funded.**

Use of an anti-TNF following treatment failure with Vedolizumab is **not normally funded.**

[1] https://www.nice.org.uk/guidance/ta329
[2] https://www.nice.org.uk/guidance/ta342
[3] https://www.nice.org.uk/guidance/ta163

Anti-TNFs golimumab (Simponi®), adalimumab (Humira®), and infliximab (Remicade®) are recommended as options for treating moderately to severely active ulcerative colitis in adults whose disease has responded inadequately to conventional therapy including corticosteroids and mercaptopurine or azathioprine, or who cannot tolerate, or have medical contraindications to such therapies.

NICE also recommends vedolizumab, as an option for treating moderately to severely active ulcerative colitis in adults, who have had an inadequate response with, or lost response to, or were intolerant to either conventional therapy or an anti-TNF. Vedolizumab currently has a higher acquisition cost than anti-TNFs.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- This Policy was recommended to all Thames Valley CCGs. Consult individual CCG websites for date of adoption.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/
- Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements