

Monthly briefings are produced in order to help members of the media and other interested groups understand the work and advice of the Scottish Medicines Consortium. The full advice for each drug that we have assessed can be found at www.scottishmedicines.org

SMC has this month accepted the following drugs for use within NHSScotland.

rituximab (MabThera[®])

SMC has accepted rituximab for the treatment of patients with previously untreated and relapsed/refractory chronic lymphocytic leukaemia (CLL) in combination with chemotherapy. Rituximab is restricted for use by specialists in blood disorders and blood cancers.

- CLL is the most common type of leukaemia (cancer of the white blood cells). Healthy white blood cells develop in the bone marrow and help to fight infection. In CLL, the white blood cells are not fully developed and multiply out of control crowding out healthy blood cells that can fight infection. CLL usually develops very slowly and many people with CLL do not need treatment for months or years.
- CLL is treated by surgery, chemotherapy, radiation or a combination of these treatments. Rituximab is a type of anti-cancer drug called a monoclonal antibody. It binds to the abnormal cells and helps to destroy them while having no effect on healthy blood cells. Rituximab is given via a drip on day 0 of the first treatment cycle followed by day 1 of each subsequent cycle for 6 cycles in total. Chemotherapy should be given after the rituximab infusion.
- Compared with fludarabine and cyclophosphamide alone, rituximab in combination with fludarabine and cyclophosphamide significantly lengthens progression-free survival by 10 months. However, the patients in the study were younger than those generally seen in practice, and evidence in patients over 70 years of age is limited.

About SMC

The purpose of the Scottish Medicines Consortium (SMC) is to accept for use those newly licensed drugs that clearly represent good value for money to NHSScotland.

SMC analyses information supplied by the drug manufacturer on the health benefits of the drug and justification of its price.

Because the NHS has limited resources, SMC works to make sure that those drugs which represent good value for money are accepted for routine use as quickly as possible so that they can benefit patients.

The Consortium is made up of lead clinicians, pharmacists and health economists together with representatives of health boards, the pharmaceutical industry, the public and the Scottish Government.

■ Contact Details

If you are interested in the work of SMC you can visit our website at:

www.scottishmedicines.org.uk

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- There were no new safety concerns with rituximab in combination with chemotherapy for this indication. More patients in the rituximab in combination with chemotherapy group experienced severe neutropenia (abnormally low counts of white blood cells), febrile neutropenia (condition with fever) and granulocytopenia (abnormally low numbers of granular white blood cells) than in the chemotherapy group.
- SMC accepted rituximab for restricted use because it was effective in combination with fludarabine and cyclophosphamide, and offers good value for money.

plerixafor (Mozobil®)

SMC accepted plerixafor in combination with granulocyte-colony stimulating factor (G-CSF) to enhance mobilisation of haematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with lymphoma and multiple myeloma whose cells mobilise poorly.

- Lymphoma is cancer of the lymphatic system, a system that transports a fluid called lymph which carries white blood cells around the body. In lymphoma, these white blood cells start to divide before they are fully mature and are unable to fight off infection; the abnormal cells collect in the lymph nodes (glands throughout the body) and develop into tumours. There are two different types of lymphoma: Hodgkins and non-Hodgkin's lymphoma. Most lymphomas are non-Hodgkin's lymphoma and about 20% are Hodgkin's lymphoma.¹ The difference between these cancers is in the cell type and the treatment for each is very different.
- In multiple myeloma, the body produces a large number of abnormal plasma cells and these fill up the bone marrow and interfere with production of normal white cells, red cells and platelets. The myeloma cells usually produce a large amount of one type of abnormal antibody (a protein), which cannot fight infection effectively and often reduces the production of normal antibodies.
- An autologous stem cell transplant is an invasive procedure in which stem cells (immature blood cells) are removed from the patient's own body and preserved, and then reinfused after chemotherapy where they migrate to the bone marrow and begin producing healthy new blood cells. An autologous stem cell transplant after high-dose chemotherapy is an important treatment option for patients with lymphoma and multiple myeloma. A sufficient number of CD34+ stem cells need to move into the peripheral blood before a transplant can take place. Plerixafor is in a class of drugs called haematopoietic stem cell mobilisers and causes certain blood cells to move from the bone marrow to the blood so that they can be removed for transplant. It is given as an injection under the skin 6 to 11 hours before the removal of stem cells following 4 days of treatment with G-CSF.
- Compared with placebo, significantly more patients treated with plerixafor achieved their target collection of CD34+ cells required for an autologous stem cell transplant and subsequent sustained engraftment (the stage when donated cells make their way to the marrow and begin reproducing new blood cells).

¹www.macmillan.org.uk

- Side effects of the digestive system (such as diarrhoea and nausea) and skin reactions at the site of the injection were common after treatment with plerixafor.
- SMC accepted plerixafor for use in non-Hodgkin's lymphoma because it offers value for money. In multiple myeloma, plerixafor appears to offer less value for money but was accepted for use given other decision-making factors that SMC can take into account, particularly the ability of the treatment to allow patients to bridge to an effective treatment (autologous bone marrow transplant).

tocilizumab (RoActemra®)

SMC accepted tocilizumab in combination with methotrexate for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have either responded inadequately to, or who were intolerant to, previous therapy with one or more disease-modifying antirheumatic drugs or tumour necrosis factor antagonists. In these patients, tocilizumab can be given as monotherapy in case of intolerance to methotrexate or where continued treatment with methotrexate is inappropriate.

Tocilizumab should be used in accordance with the British Society of Rheumatology guidelines for prescribing TNF- α blockers in adults.

- Rheumatoid arthritis is a chronic condition in which the immune system attacks the lining of the joints, causing them to become inflamed. Over time, joints may become permanently damaged and stop working properly. It initially affects the hands, feet and wrists but any joint of the body can be affected. Symptoms range from mild discomfort to disabling pain which interferes with movement and daily activities.
- Tocilizumab blocks interleukin-6 (a signalling substance) which helps to maintain inflammation in rheumatoid arthritis. It is given once every 4 weeks as an intravenous infusion over one hour.
- In four studies, tocilizumab in combination with disease-modifying antirheumatic drugs demonstrated an increased response rate for reduction of disease activity. In a monotherapy study, tocilizumab was as effective as methotrexate in reducing disease activity.
- Headache, skin and subcutaneous tissue disorders, hypertension (high blood pressure), breathing disorders and mental health disorders occurred more frequently in the tocilizumab group than the methotrexate group. Serious or severe infections were common serious side effects of both treatments.
- SMC accepted tocilizumab in combination with disease-modifying antirheumatic drugs for restricted use because it was considered to offer value for money.

SMC decided that the following drug is not value for money for NHSScotland.

Eslicarbazepine acetate (Zebinix[®])

SMC did not accept eslicarbazepine acetate for adjunctive therapy in adults with partial-onset seizures with or without secondary generalisation.

- Epilepsy is a condition that affects the brain and can cause seizures. Seizures are caused by sudden electrical activity in the brain which interrupts its normal working. Partial onset seizures are muscle jerks or pins and needles in one arm or leg, often without loss of awareness. However, it may or may not lead to a convulsive seizure of the whole body where consciousness is lost; this is known as secondary generalisation.
- Most people have their seizures controlled by treatment with anti-epileptic drugs. Eslicarbazepine acetate is a new anti-epileptic drug, which makes the brain cells less excitable. Eslicarbazepine acetate is given as a tablet once daily, and the dose can be increased after one or two weeks. The manufacturer requested SMC to consider eslicarbazepine acetate in patients who are non-responsive and heavily pretreated who remain uncontrolled on existing anti-epileptic drug combination options.
- Three studies showed that over a 12-week period, eslicarbazepine acetate reduced the frequency of seizures compared with placebo. There are no clinical studies comparing eslicarbazepine acetate to other anti-epileptic drugs, and a mixed-treatment indirect comparison showed that eslicarbazepine acetate was equivalent to a comparator in terms of efficacy.
- Eslicarbazepine acetate affected the nervous system (with side effects of dizziness, drowsiness and headache) and the digestive system (with vomiting, diarrhoea and nausea reported).
- SMC did not accept eslicarbazepine acetate for use because a number of weaknesses in the economic case submitted by the manufacturer meant that the drug was not value for money.

For drugs that have not been accepted by SMC, all NHS boards have procedures in place to consider individual requests when a doctor feels the drug would be right for a particular patient. SMC has told the manufacturers why the drug was not accepted and would be pleased to receive any resubmission.

For further information and to view the complete advice for the drugs listed above, visit our website at:

www.scottishmedicines.org.uk