

Ref: FOI2

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[d-ccg.foi@nhs.net](mailto:d-ccg.foi@nhs.net)

Tel: 01392 205205

25 April 2013

Dear,

**Re: Request for information under Freedom of Information Act 2000**

Thank you for your request under the Freedom of Information Act 2000, which was received on 08 April 2013

I can confirm that Northern, Eastern and Western Devon CCG holds part of the requested information.

- 1) **Are you familiar with the new NICE guidance published in December 2012 regarding the approved access to advanced skin cancer treatments ipilimumab (Yervoy) (TA268) and vemurafenib (Zelboraf) (TA269)?**

Yes

**If so, how is it being adopted locally?**

Funding details are available on line:

[http://www.devonpct.nhs.uk/Treatments/Patient\\_Access\\_Schemes\\_Individual\\_Drugs.aspx](http://www.devonpct.nhs.uk/Treatments/Patient_Access_Schemes_Individual_Drugs.aspx)

- 2) **Are you currently making ipilimumab and vemurafenib routinely available to those who need it following the publication of the guidance on 12<sup>th</sup> December 2012?**

Yes

- 3) **If you answered “yes” to Question 2, did you make ipilimumab and vemurafenib routinely available to those who need it by 12<sup>th</sup> March 2013, the three month implementation deadline following the publication of NICE guidance?**

Yes

- 4) **If you answered “yes” to Question 2, when exactly did you make ipilimumab and vemurafenib routinely available to those who need it?**

March 2013

- 5) **Have ipilimumab and vemurafenib now been incorporated into your local formulary?**

Please see response to question 6

- 6) **Had ipilimumab and vemurafenib been incorporated into your local formulary by 12<sup>th</sup> March 2013?**

**Yes**                      **No**

Context specific provided below

All NICE Technology appraisal guidance is automatically funded but within Devon some formularies specifically name cancer drugs whilst others do not. From April all NICE technology appraisal guidance recommended drugs will be named in on all formulary websites.

Funding details have been placed on the NEW Devon CCG website

[http://www.devonpct.nhs.uk/Treatments/Patient\\_Access\\_Schemes\\_Individual\\_Drugs.aspx](http://www.devonpct.nhs.uk/Treatments/Patient_Access_Schemes_Individual_Drugs.aspx)

- 7) **Have relevant clinicians in your area been advised of the new NICE guidance on ipilimumab and vemurafenib?**

Yes

- 8) **How many applications for funding through Independent Funding Requests (IFRs) for ipilimumab (Yervoy) have you received since 12<sup>th</sup> March 2013?**

The number of applications received for funding through IFR for ipilimumab (Yervoy) is so low the information could, especially if used in conjunction with other information, identify individual people. The disclosure of this information could result in a serious invasion of that person’s privacy. It could also affect the private and



family life of the individual as protected by Article 8 of the European Convention on Human Rights and by the Human Rights Act 1998. This means that disclosure would breach the Human Rights Act 1998. As a result the information is exempt under Section 44 of the Freedom of Information Act, which provides that information is exempt information if its disclosure is prohibited by or under any enactment. Where information can be used to identify an individual, as described above, it is classed as personal information. Disclosure of this personal information would not constitute fair processing under the Data Protection Act 1998. This is because the information was provided to us in the expectancy that it would remain confidential and because of the possible consequences to the individuals. For this reason the information is exempt under Section 40 of the Freedom of Information Act 2000 as disclosure would breach the first principle of the Data Protection Act 1998.

- 9) **How many applications for funding through Independent Funding Requests (IFRs) for vemurafenib (Zelboraf) have you received since the publication of the NICE guidance (TA269) in December 2012 for the treatment of Melanoma (BRAF V600 mutation positive, unresectable metastatic)?**

No applications have been received through IFR for vemurafenib (Zelboraf) since the publication of the NICE guidance (TA269) in December 2012.

**Of these applications, have any been refused?**

**Yes                      No**

**If so, how many and why?**

Not applicable

- 10) **Following Sir David Nicholson's letter to NHS Chief Executives in August 2012 confirming the 1<sup>st</sup> April 2013 deadline for the introduction of the NHS Compliance Regime for Technology Appraisals, are you planning to make information about the availability of ipilimumab and vemurafenib available?**

**Yes                      No**

**If so, when are you planning to publish it?**

The following is available on the Northern, Eastern and Western CCG website as are the local formularies which name the drug.

[http://www.devonpct.nhs.uk/Treatments/Patient\\_Access\\_Schemes\\_Individual\\_Drugs.aspx](http://www.devonpct.nhs.uk/Treatments/Patient_Access_Schemes_Individual_Drugs.aspx)

- 11) **Are you in the process of, or have you already carried out, a budgetary assessment relating to the impact of the positive guidance for the above treatments in your area?**

**Yes                      No**

**If so, do you have an estimated figure of the potential cost of the positive guidance?**

Budgetary assessment for Northern Eastern and Western Devon Clinical Commissioning Group for both drugs:

**TA268 Melanoma (stage III or IV) – ipilimumab (issued Dec 2012)**

The NICE costing statement considers that guidance is unlikely to result in a significant change in resource use because the patient numbers eligible for treatment are small (140 nationally), the technology is one of several systemic therapy options, and the manufacturer has agreed a patient access scheme with the Department of Health that makes ipilimumab available with a discount.

**TA269 Vemurafenib for treating locally advanced or metastatic BRAF V600 mutation-positive malignant melanoma (issued Dec 2012)**

Vemurafenib is recommended as an option for treating BRAF V600 mutation-positive unresectable or metastatic melanoma, but only if the manufacturer provides vemurafenib with the discount agreed in the patient access scheme.

The NICE costing template estimates annual future drug and associated costs will be £742,000 (£532,000 for vemurafenib £240,000 for dacarbazine. Current drug (dacarbazine) and associated costs are estimated at £376,000. A new net annual recurring cost of £355,000 is therefore anticipated.

**Satisfaction**

I trust this matter has been dealt with to your satisfaction but if there is anything which you need further clarification, please do not hesitate to contact the office on 01392 205205 or by email at [d-ccg.foi@nhs.net](mailto:d-ccg.foi@nhs.net) Please remember to quote the reference number above in any future communications.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you can write to the office and arrangements will be made for an independent review. You of course can write directly to the CCGs Chief Officer if you prefer using the “contact us” details displayed on the CCG website.

If you remain dissatisfied with the outcome of the appeal, you have the right to appeal again to the Information Commissioner at:

Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

Tel: 01625 545 700

Fax: 01625 524 510

Chair: Dr Tim Burke

Chief Officer: Rebecca Harriott

Newcourt House, Old Rydon Lane, Exeter, EX2 7JU

Tel. 01392 205205

[www.newdevonccg.nhs.uk](http://www.newdevonccg.nhs.uk)



## **Legal information pertaining to the release of this information**

Please note that the information being provided to you is for information only and remains subject to existing intellectual property rights; no license for the re-use of this information is given or implied through its provision to you.

Yours sincerely,

**The Freedom of Information Team  
NHS Northern, Eastern & Western Devon Clinical Commissioning Group**

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