Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Commissioning policy: Degarelix for advanced hormone dependent prostate cancer in patients without spinal metastases

The routine commissioning of degarelix is not accepted for the management of advanced hormone-dependent prostate cancer in patients without spinal metastases. Formulary Interface Groups should not include degarelix for this indication in locally defined treatment recommendations.

Rationale for the decision

The Clinical Policy Committee has adopted the Peninsula Health Technology Commissioning Group decision for degarelix in advanced hormone-dependent prostate cancer.

A clinical trial has demonstrated that degarelix reduces testosterone to similar levels over one year of treatment compared to current therapy with gonadorelin analogues. This is accepted as a measure of achieving similar disease control. There are no data on which to make a judgement on longer term survival.

It was considered that there was insufficient evidence of clinical benefit compared to current standard therapy with gonadorelin analogues on which to base a case for its use at a price that is greater than that of the gonadorelin analogues.

NICE TA404 recommends degarelix as an option for treating advanced hormone-dependent prostate cancer in patients with spinal metastases.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the CCG upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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