DECISIONS WITHOUT A SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT (decisions approved on medicines committee ICB directors' authority)					
NICE Technology Appraisal/Guidance/Drug	**Date published**	**Current formulary status or pathway/ guidance relevance**	**Recommendation**	**Commissioning & financial implications**	**Decision**
TA918: Bimekizumab for treating axial spondyloarthritis **Commissioning: ICS** Bimekizumab is recommended as an option in adults for treating active ankylosing spondylitis (AS) when conventional therapy has not worked well enough or is not tolerated, or active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation (shown by elevated C-reactive protein or MRI) when non-steroidal anti-inflammatory drugs (NSAIDs), have not worked well enough or are not tolerated. It is recommended only if: • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough, and • the company provides it according to the commercial arrangement. Assess response to bimekizumab after 16 weeks of treatment. Continue treatment only if there is clear evidence of response, defined as: • a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units, and • a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more.	11/10/2023	RED drug for other NICE TA approved indications.	Add to formulary as a RED drug in this indication with a link to TA918.	NICE expect the resource impact of implementing the recommendations in England will be less than approximately £8,800 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar. The company has a commercial arrangement. This makes bimekizumab available to the NHS with a discount. The size of the discount is commercial in confidence. The other treatment options have discounts that are commercial in confidence. A resource impact template is provided for completion at a local level. This is because there are numerous treatment options that are recommended by NICE for treating ankylosing spondylitis and non-radiographic axial spondyloarthritis.	Approved by NENC ICB Chief Pharmacist 15.11.23.

TA920: Tofacitinib for treating active ankylosing spondylitis **Commissioning: ICS** Tofacitinib is recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if: • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and • the company provides tofacitinib according to the commercial arrangement. If people with the condition and their clinicians consider tofacitinib to be 1 of a range of suitable treatments (including secukinumab and ixekizumab), after discussing the advantages and disadvantages of all the options, use the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements. Assess response to tofacitinib after 16 weeks of treatment. Continue treatment only if there is clear evidence of response.	18/10/2023	RED drug for other NICE TA approved indications.	Add to formulary as a RED drug in this indication with a link to TA920.	NICE expect the resource impact of implementing the recommendations in England will be less than approximately £8,800 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar. Tofacitinib represents an additional treatment option for those patients with active ankylosing spondylitis, where tumour necrosis factor alpha inhibitors are not suitable or do not control the condition well enough and who would benefit from or prefer an oral treatment, as opposed to injectable treatments. Tofacitinib and some of the other treatment options have discounts that are commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount. A resource impact template is provided for completion at a local level.	Approved by NENC ICB Chief Pharmacist 15.11.23.

TA925: Mirikizumab for treating moderately to severely active ulcerative colitis **Commissioning: ICS** Mirikizumab is recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional or biological treatment cannot be tolerated, or the condition has not responded well enough or lost response to treatment, only if: • a tumour necrosis factor (TNF)-alpha inhibitor has not worked (that is the condition has not responded well enough or has lost response to treatment) or • a TNF-alpha inhibitor cannot be tolerated or is not suitable and • the company provides it according to the commercial arrangement. If people with the condition and their clinicians consider mirikizumab to be 1 of a range of suitable treatments (including vedolizumab and ustekinumab), after discussing the advantages and disadvantages of all the options, use the least expensive. Take into account the administration costs, dosage, price per dose and commercial arrangements.	25/10/2023	Not currently listed.	Add to formulary as a RED drug in this indication with a link to TA925.	Mirikizumab has been recommended through the NICE cost comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication. NICE expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people). This is because mirikizumab is a further treatment option and the overall cost of treatment for this patient group will be similar. The company has a commercial arrangement. This makes mirikizumab available to the NHS with a discount. The size of the discount is commercial in confidence. The other treatment options also have discounts that are commercial in confidence. The previously published NICE costing template for this patient group has been updated and replaced to include mirikizumab and all other treatment options for moderately to severely active ulcerative colitis.	Approved by NENC ICB Chief Pharmacist 15.11.23.

TA927: Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments **Commissioning: NHSE** Glofitamab is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic treatments. Glofitamab is only recommended if the company provides it according to the commercial arrangement.	17/10/23	Not on formulary.	Add to formulary as a RED drug in this indication, with a link to TA927.	None for ICB as NHSE commissioned.	Approved by NENC ICB Chief Pharmacist 15.11.23.