

30 day NICE TA recommendation from March 2024

Summary of decisions made regarding 30-day NICE TA956

Recommendations without significant financial/commissioning impact

NICE Technology Appraisal/Guidance/Drug	Date published	Current formulary status or pathway/guidance relevance	Decision
<p>TA956: Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over</p> <p>Commissioning: ICS</p> <p>Etrasimod is recommended, within its marketing authorisation, as an option for moderately to severely active ulcerative colitis in people aged 16 years and over when:</p> <ul style="list-style-type: none"> conventional or biological treatments cannot be tolerated or the condition has not responded well enough, or lost response to treatment. <p>Etrasimod is only recommended if the company provides it according to the commercial arrangement.</p> <p>If people with the condition and their clinicians consider etrasimod to be 1 of a range of suitable treatments, 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.</p>	11/03/2024	Not currently listed.	<p>Add to formulary as a RED drug in this indication with a link to TA956.</p> <p>A cost comparison suggests etrasimod has lower or similar costs to adalimumab and other advanced treatments. So, etrasimod is recommended by NICE.</p> <p>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 the technology is a further treatment option and the overall cost of treatment for this patient group will be similar.</p> <p>Approved by NENC ICB Chief Pharmacist 27.3.24.</p>

Key for Recommended RAG status: Not Approved (DNP), Green – suitable for prescribing in primary care; Specialist Initiation/Recommendation – should be started or recommended by a specialist but suitable for ongoing prescribing in primary care; Shared Care – suitable for prescribing under an agreed shared care protocol; or Red – not suitable for prescribing in primary care.