National Cancer Drugs Fund List

(Updated 28 May 2013)

DRUG	*NCDF APPROVED CRITERIA*
Abiraterone	*The treatment of metastatic castration resistant prostate cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Castrate-resistant metastatic prostate cancer
	3. Chemotherapy naïve for metastatic disease
	4. PS 0 or 1
	5. Asymptomatic or mildly symptomatic patients
	6. Chemotherapy not yet indicated
Aflibercept	*The second line treatment of metastatic colorectal cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Metastatic colorectal cancer
	3. PS 0 - 2
	4. Progression following first line treatment with oxaliplatin-based combination chemotherapy with or without bevacizumab
	5. Given in combination with irinotecan-based combination chemotherapy until unacceptable toxicity or disease progression
	Note: Aflibercept is ONLY approved for use in combination with irinotecan-based combination chemotherapy and is not approved as a single agent maintenance therapy
	Note: No treatment breaks of more than 4 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or in the case of intercurrent co-morbidities)
Axitinib	*The treatment of advanced renal cell carcinoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Histologically or cytologically confirmed renal cell carcinoma
	3. Patient progressed after only 1st line cytokine or after only one line of treatment with a Tyrosine Kinase Inhibitor
Bendamustine	*The treatment of Chronic Lymphocytic Leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Chronic lymphocytic leukaemia (not licensed in this indication)
	3. a) 2nd line indication OR
	b) 3rd line indication OR
	c) 4th line indication

	4. To be used within the treating Trust's governance framework, as Bendamustine is not licensed for this indication
Bendamustine	*The first line treatment of low grade lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Low grade non-Hodgkin's lymphoma
	3. Option for 1st-line chemotherapy
	4. Can be used in combination with Rituximab, which is commissioned by NHS England in this indication
	5. To be used within the treating Trust's governance framework, as Bendamustine is not licensed in this indication
Bendamustine	*The treatment of relapsed low grade lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Low grade non-Hodgkin's lymphoma
	3. Relapsed disease
	4. Unable to receive CHOP-R
	5. Unable to receive FCR
	6. Unable to receive high dose-therapy
	7. Can be used in combination with Rituximab, which is commissioned by NHS England in this indication
	8. To be used within the treating Trust's governance framework, as Bendamustine is not licensed in this indication
Bendamustine	*The treatment of rituximab refractory low grade lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Low grade non-Hodgkin's lymphoma
	3. Refractory to Rituximab monotherapy or Rituximab-containing combination
Bendamustine	*The first line treatment of mantle cell non-Hodgkin's lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Mantle cell non-Hodgkin's lymphoma
	3. 1st-line treatment in patients unsuitable for standard treatment
	4. Can be used in combination with Rituximab, which is commissioned by NHS England in this indication
	5. To be used within the treating Trust's governance framework, as Bendamustine is not licensed in this indication
Bendamustine	*The treatment of relapsed mantle cell non-Hodgkin's lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Mantle cell non-Hodgkin's lymphoma
	3. Option for 2nd or subsequent line chemotherapy

	4. No previous treatment with Bendamustine
	5. Can be used in combination with Rituximab, which is commissioned by NHS England in this indication
	6. To be used within the treating Trust's governance framework, as Bendamustine is not licensed in this indication
Bendamustine	*The treatment of relapsed multiple myeloma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Multiple myeloma
	3. Relapsed disease where other treatments contraindicated or inappropriate
	4. To be used within the treating Trust's governance framework, as Bendamustine is not licensed in this indication
Bevacizumab	*The treatment of advanced breast cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Advanced Breast Cancer
	3. Triple negative disease (ER, PR, and HER2 negative)
	4. a) 1st line indication OR
	b) 2nd line indication
	5. To be given in combination with paclitaxel
Bevacizumab	*The first line treatment of advanced colorectal cancer with a single agent fluoropyramidine where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Advanced colorectal cancer
	3. PS 0-2
	4. Given in combination with a single agent fluoropyrimidine as 1st line treatment
	5. Patient assessed as unfit to receive combination oxaliplatin- or irinotecan-based combination chemotherapy
	6. No previous treatment with Bevacizumab
	Note: Bevacizumab is not approved for use as a single agent maintenance therapy on its own.
	Note: No treatment breaks of more than 4 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or in the case of intercurrent co-morbidities)
Bevacizumab	*The first line treatment of advanced colorectal cancer with combination chemotherapy where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Advanced Colorectal Cancer
	3. 1st line indication
	4. a) Given in combination with oxaliplatin-based combination chemotherapy OR
	b) Given in combination with irinotecan-based combination chemotherapy
	5. No previous treatment with bevacizumab

	Note: If excessive toxicity with oxaliplatin or irinotecan, bevacizumab can be continued with a fluoropyrimidine alone until disease progression only.
	Note: Bevacizumab is ONLY approved for use in combination with chemotherapy and is not approved for use as a single agent maintenance therapy
	Note: No treatment breaks of more than 4 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or in the case of intercurrent co-morbidities)
Bevacizumab	*The second or third line treatment of advanced colorectal cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Advanced Colorectal Cancer
	3. a) 2nd line indication, OR,
	b) 3rd line indication
	4. No previous treatment with Bevacizumab
	5. Given in combination with oxaliplatin-based combination chemotherapy
	Note: If excessive toxicity with oxaliplatin, bevacizumab can be continued with a fluoropyrimidine alone until disease progression only.
	Note: Bevacizumab is ONLY approved for use in combination with oxaliplatin-based combination chemotherapy and is not approved for use as a single agent maintenance therapy
	Note: No treatment breaks of more than 4 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or in the case of intercurrent co-morbidities)
Bevacizumab	*The first line treatment of advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Chemotherapy naïve advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer (not licensed at this dosage)
	3. 1st line indication
	4. Either FIGO stage III debulked but residual disease more than 1cm, or FIGO stage IV
	5. Given with Carboplatin and Paclitaxel combination chemotherapy
	6. Bevacizumab to start with:
	· 1st or 2nd cycle of chemotherapy following debulking surgery or an attempt at debulking surgery (either performed pre-chemotherapy or after 3 cycles of neo-adjuvant chemotherapy), OR
	· 1st or 2nd cycles of chemotherapy for those patients with stage IV disease OR inoperable disease
	7. Bevacizumab dose to be 7.5mg/kg every 3 weeks
	8. Maximum of 18 cycles of Bevacizumab
	9. As this dosage of Bevacizumab is not licensed in ovarian cancer it must be used within the treating Trust's governance framework
	Note: This policy is NOT for patients with stage I-III disease who have had optimal debulking

Bevacizumab	*The second line treatment of advanced epithelial ovarian, fallopian tube or primary peritoneal cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. 2nd line indication
	3. Platinum sensitive epithelial ovarian, fallopian tube or primary peritoneal cancer (6 or more months after completion of first line chemotherapy)
	4. Given with Carboplatin and Gemcitabine combination chemotherapy
	5. PS 0 or 1
	6. No previous treatment with bevacizumab or other anti-VEGF treatment
	7. Bevacizumab dose to be 15mg/kg every 3 weeks
	Note: Bevacizumab should be discontinued due to toxicity or disease progression, which ever occurs first.
Bortezomib	*The treatment of relapsed/refractory mantle cell lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Pathologically confirmed mantle cell lymphoma
	3. Relapsed disease after one or more prior chemotherapies (including Rituximab), or autologous stem cell transplantation
	4. To be used within the treating Trust's governance framework, as Bortezomib is not licensed in this indication
Bortezomib	*The treatment of bortezomib naive relapsed multiple myeloma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Relapsed myeloma
	3. No previous Bortezomib as 2nd line (NICE approved) treatment
Bortezomib	*The treatment of relapsed multiple myeloma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Relapsed myeloma
	3. Previous PR or CR of 6 months or more duration with Bortezomib
	4. No contraindications to further Bortezomib treatment
Bortezomib	*The treatment of relapsed Waldenstrom's Macroglobulinaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Waldentrom's Macroglobulinaemia (not licensed for this indication)
	3. Previous treatment with alkylating agents
	4. Previous treatment with purine analogues

	5. To be used within the treating Trust's governance framework, as Bortezomib is not licensed for this indication
Brentuximab	*The treatment of refractory systemic anaplastic lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Relapsed or refractory systemic anaplastic large cell lymphoma
	3. As a bridge to transplant where no other salvage treatment is available
Brentuximab	*The treatment of relapsed or refractory CD30+ Hodgkin lymphoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Relapsed or refractory CD30+ Hodgkin lymphoma
	3. a) Following autologous stem cell transplant (ASCT), OR,
	b) Following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option
Cabazitaxel	*The treatment of castrate-resistant Metastatic Prostate Cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Castrate-resistant Metastatic Prostate Cancer
	3. Previous treatment with docetaxel based regimens
Cetuximab	*The first line treatment of advanced head and neck cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Advanced Head and Neck Cancer
	3. Use with standard 1st line palliative combination chemotherapy
	4. Performance status 0 or 1
	5. No previous treatment with Cetuximab
Cetuximab	*The first line treatment of metastatic colorectal cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Metastatic colorectal cancer
	3. 1st line indication
	4. Patients with wild-type KRAS
	5. Given in combination with Irinotecan-based combination chemotherapy
	6. Not eligible for NICE TA176 approved indications (including patients who have not progressed despite receiving the NICE approved 16 weeks treatment)
	7. No previous treatment with Cetuximab
	NOTE: Cetuximab is not approved for use with oxaliplatin-based combination or single agent fluoropyrimidine chemotherapy
	Note: No treatment breaks of more than 4 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or in the case of intercurrent co-morbidities)

	Note: If excessive toxicity with irinotecan, cetuximab can be continued with a fluoropyrimidine alone until disease progression only.
Cetuximab	*The second or third line treatment of metastatic colorectal cancer with combination chemotherapy where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Metastatic colorectal cancer
	3. a) 2nd line indication OR
	b) 3rd line indication
	4. Patients with wild-type KRAS
	5. Given in combination with irinotecan-based chemotherapy
	6. Performance status of 0 or 1
	7. No previous treatment with Cetuximab
	NOTE: Cetuximab is not approved for use with oxaliplatin-based combination or single agent fluoropyrimidine therapy
	Note: No treatment breaks of more than 4 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or in the case of intercurrent co-morbidities)
	Note: If excessive toxicity with irinotecan, cetuximab can be continued with a fluoropyrimidine alone until disease progression only.
Cetuximab	*The third or fourth line treatment of metastatic colorectal cancer as a single agent where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Metastatic colorectal cancer
	3. a) 3rd line indication
	b) 4th line indication
	4. Patients with wild-type KRAS
	5. Performance status of 0 or 1
	6. No previous treatment with Cetuximab
	Note: No treatment breaks of more than 4 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or in the case of intercurrent co-morbidities)
Clofarabine	*The treatment of relapsed/refractory acute lymphoblastic leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Acute lymphoblastic leukaemia
	3. Relapsed/ refractory disease with intent to use treatment to bridge to bone marrow transplant
Clofarabine	*The treatment of relapsed/refractory acute myeloblastic leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Acute myeloblastic leukaemia (not licensed for this indication)

	3. Relapsed/ refractory disease with intent to use treatment to bridge to bone marrow transplant
	4. To be used within the treating Trust's governance framework, as Clofarabine is not licensed for this indication
Crizotinib	*The treatment of ALK +ve advanced or metastatic non-small cell lung cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. ALK +ve advanced or metastatic non-small cell lung cancer
	3. 2nd or subsequent line treatment post 1st line combination chemotherapy
Dasatinib	*The treatment of Philadelphia chromosome positive (Ph+) acute lymphoblastic leukaemia and lymphoid blast crisis chronic myeloid leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. a) Philadelphia Chromosome positive (Ph+) Acute Lymphoblastic Leukaemia OR
	b) Lymphoid blast crisis chronic myeloid leukaemia
	3. Refractory or significant intolerance or resistance to prior therapy including imatinib (Grade 3 or 4 adverse events)
	4. a) 2nd line indication OR
	b) 3rd line indication
Dasatinib	*The treatment of chronic phase chronic myeloid leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Chronic phase chronic myeloid leukaemia
	3. Refractory or significant intolerance to imatinib (Grade 3 or 4 adverse events)
	4. Significant intolerance to nilotinib (Grade 3 or 4 adverse events)
Dasatinib	*The treatment of accelerated phase chronic myeloid leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Accelerated phase chronic myeloid leukaemia
	3. Refractory or significant intolerance to imatinib (Grade 3 or 4 adverse events)
	4. Significant intolerance to nilotinib (Grade 3 or 4 adverse events)
Dasatinib	*The treatment of blast crisis chronic myeloid leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	1. Blast crisis chronic myeloid leukaemia
	2. Refractory or significant intolerance to imatinib (Grade 3 or 4 adverse events)
	3. Significant intolerance to nilotinib (Grade 3 or 4 adverse events)

Eribulin	*The treatment of advanced breast cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Advanced breast cancer
	3. At least 2 prior chemotherapy regimens for advanced disease
Everolimus	*The treatment of advanced breast cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. ER +ve, HER2 –ve metastatic breast cancer
	3. No symptomatic visceral disease
	4. In combination with exemestane
	5. Previous treatment with a non-steroidal aromatase inhibitor
	6. No previous treatment with exemestane for metastatic breast cancer
	7. No more than one line of chemotherapy for the treatment of advanced breast cancer
Everolimus	*The treatment of pancreatic neuroendocrine carcinomas where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Pancreatic neuroendocrine carcinomas
	3. a) 1st line indication, OR,
	b) 2nd line indication
Everolimus	*The treatment of metastatic renal cell carcinoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Biopsy proven renal cell carcinoma
	3. Use in patients:
	· Who have previously been treated with a VEGF targeted agent OR
	· With intolerance or contraindications to a VEGF inhibitor
Imatinib	*The adjuvant treatment of gastrointestinal stromal tumour where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Completely resected gastrointestinal stromal tumour
	3. High risk of relapse (based on risk criteria or mutation analysis)
	NOTE: Treatment should continue for a maximum of 3 years only.
Lapatinib	*The treatment of advanced breast cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Progressing advanced or metastatic breast cancer
	3. HER-2 over-expression
	4. Previous treatment with anthracyclines or anthracyclines contra-indicated

	5. Previous treatment with taxanes
	6. Previous treatment with trastuzumab in the metastatic setting
	7. Use in combination with capecitabine
Lenalidomide	*The second line treatment of multiple myeloma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Multiple myeloma
	3. 2nd line indication
	4. a. Contra-indication to the use of Bortezomib OR
	b. Previously received Bortezomib in the first line setting
Nelarabine	*The treatment of refractory T-cell acute lymphoblastic leukaemia or refractory T-cell lymphoblastic non-Hodgkin's lymphoma*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. a) Refractory T-cell acute lymphoblastic leukaemia, OR
	b) Refractory T-cell lymphoblastic non-Hodgkin's lymphoma
	3. Treatment intent is to proceed to bone marrow transplantation
Ofatumumab	*The treatment of chronic lymphocytic leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. a) 2nd line indication, OR
	b) 3rd line indication
	3. Patient refractory to treatment with Fludarabine combination and/or Alemtuzumab OR treatment with Fludarabine combination and/or Alemtuzumab contra-indicated
Pazopanib	*The treatment of advanced non-adipocytic soft tissue sarcoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Histologically confirmed advanced non-adipocytic soft tissue sarcoma
	3. Two previous lines of chemotherapy for advanced soft tissue sarcoma or contraindication or intolerance to chemotherapy
	4. Progression within 6 months of treatment for metastatic disease
Pegylated Liposomal Doxorubicin	*The treatment of named sarcomas where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. a) Angiosarcoma, 1st line indication , OR
	b) Angiosarcoma, 2nd line indication, OR
	c) Sarcoma in patients with cardiac impairment requiring an anthracycline, 1st line indication, OR
	d) Sarcoma in patients with cardiac impairment requiring an anthracycline, 2nd indication, OR
	e) Sarcoma of the heart and great vessels, 1st line indication, OR

	f) Fibromatosis, 2nd line indication
	3. To be used within the treating Trust's governance framework, as Pegylated Liposomal Doxorubicin is not licensed in these indications
Pemetrexed	*The maintenance treatment of advanced non-squamous non-small cell lung cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Non-squamous non-small cell lung cancer
	3. As maintenance therapy following 1st line chemotherapy with Cisplatin and Pemetrexed not progressing after 4 cycles of such chemotherapy
	4. PS 0 or 1 at time to commence maintenance pemetrexed
	Note: the evidence for the use of maintenance pemetrexed following induction chemotherapy with the combination of pemetrexed and carboplatin has not been established and is therefore not approved
Pemetrexed	*The second line treatment of advanced non-squamous non-small cell lung cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Advanced or metastatic non-squamous non-small cell lung cancer
	3. Used as 2nd line treatment
	4. No previous Pemetrexed treatment
Peptide Receptor Radionucleotide Therapy (Lutetium177 Octreotate or Yttrium90 Octreotide/ Octreotate)	*The treatment of advanced neuroendocrine tumours where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Histologically confirmed well differentiated neuroendocrine tumour
	3. Octreotide scintigraphy or Gallium-68 Octreotate PET scan at least as high as that in normal liver tissue
	4. Either:
	· Pancreatic NET, progressed or symptoms not controlled, despite or not suitable for other systemic therapy OR,
	· Other NET, progressed or symptoms not controlled following prior somatostatin analogue therapy
Pertuzumab	*The first line treatment of locally advanced or metastatic breast cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Locally advanced or metastatic breast cancer
	3. HER2 3+ or FISH positive
	4. PS 0 or 1
	5. Any adjuvant HER2 therapy should have been completed more than 12 months prior to metastatic diagnosis
	6. No prior treatment with chemotherapy or HER2 therapy for metastatic disease
	7. To be given as first line treatment in combination with docetaxel and trastuzumab

	NOTE: not to be used beyond first disease progression
Ruxolitinib	*The treatment of symptomatic splenomegaly in primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. a) Intermediate / high risk primary myelofibrosis, OR
	b) Post polycythaemia myelofibrosis, OR
	c) Post essential thrombocytosis myelofibrosis
	3. a) 1st line indication, OR
	b) 2nd line indication
	4. Symptomatic splenomegaly and/or constitutional symptoms
	5. Unsuitable for a stem cell transplant
Sorafenib	*The first line treatment of advanced hepatocellular carcinoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Hepatocellular carcinoma
	3. a) Child-Pugh grade A liver impairment OR
	b) Child-Pugh grade B liver impairment with low disease burden
	4. No previous systemic therapy
	5. No role for surgery or after failure of surgery or after failure of locoregional therapy
Sorafenib	*The treatment of papillary or follicular thyroid cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Papillary or follicular thyroid cancer (not licensed for this indication)
	3. Inoperable or metastatic disease
	4. Refractory to radioiodine
	5. To be used within the treating Trust's governance framework, as Sorafenib is not licensed in this indication
Sunitinib	*The treatment of pancreatic neuroendocrine carcinomas where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Biopsy proven well differentiated pancreatic neuroendocrine tumour
	3. a) 1st line indication, OR,
	b) 2nd line indication, OR,
	c) 3rd line indication
	4. No previous VEGF targeted therapy
Temsirolimus	*The treatment of advanced renal cell carcinoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy

	2. Renal cell carcinoma
	3. 1st line indication
	4. Poor risk patients (at least 3 of 6 prognostic risk factors)
Vandetinib	*The treatment of medullary thyroid cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Locally advanced and unresectable or metastatic medullary thyroid cancer
	3. Symptomatic disease
	4. No previous biological therapy

National Cancer Drugs Fund List – Approvals pending license/launch

(28 May 2013)

DRUG	*NCDF APPROVED CRITERIA*
Bosutinib	*The treatment of chronic phase Chronic Myeloid Leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Chronic phase Chronic Myeloid Leukaemia
	3. Refractory to nilotinib or dasatinib
Bosutinib	*The treatment of accelerated phase Chronic Myeloid Leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Accelerated phase Chronic Myeloid Leukaemia
	3. Refractory to nilotinib or dasatinib
Bosutinib	*The treatment of blast crisis Chronic Myeloid Leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Blast crisis Chronic Myeloid Leukaemia
	3. Refractory to nilotinib or dasatinib
Bosutinib	*The treatment of chronic phase Chronic Myeloid Leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Chronic phase Chronic Myeloid Leukaemia
	3. Significant intolerance to dasatinib (Grade 3 or 4 adverse events)
	4. Refractory or significant intolerance to imatinib (Grade 3 or 4 events)
Bosutinib	*The treatment of accelerated phase Chronic Myeloid Leukaemia where the following criteria are met:*

	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Accelerated phase Chronic Myeloid Leukaemia
	3. Significant intolerance to dasatinib (Grade 3 or 4 adverse events)
	4. Refractory or significant intolerance to imatinib (Grade 3 or 4 events)
Bosutinib	*The treatment of blast crisis Chronic Myeloid Leukaemia where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Blast crisis Chronic Myeloid Leukaemia
	3. Significant intolerance to dasatinib (Grade 3 or 4 adverse events)
	4. Refractory or significant intolerance to imatinib (Grade 3 or 4 events)
Enzalutamide	*The treatment of castrate-resistant Metastatic Prostate Cancer where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Castrate-resistant metastatic prostate cancer
	3. Progressive disease following docetaxel chemotherapy
	4. PS 0-2
	5. No previous treatment with abiraterone before or after docetaxel
Vismodegib	*The treatment of locally advanced or metastatic Basal Cell Carcinoma where the following criteria are met:*
	1. Application made by and first cycle of systemic anti-cancer therapy to be prescribed by a consultant specialist specifically trained and accredited in the use of systemic anti-cancer therapy
	2. Application approved by relevant specialist skin cancer MDT
	3. Locally advanced or metastatic basal cell carcinoma
	4. Curative resection not possible as assessed by a specialist in dermatological surgery, head and neck surgeon or plastic surgeon
	5. Previous radiotherapy unless contraindicated or inappropriate
	6. PS 0-2
	7. Fit for Vismodegib therapy

National Cancer Drugs Fund – Not Approved

(28 May 2013)

DRUG	*INDICATION APPLIED FOR AND NOT APPROVED*
Pixantrone	*Monotherapy for treatment of multiply relapsed or refractory aggressive B-cell non-Hodgkin lymphoma*
Bevacizumab	*Treatment of progressive (recurrent) glioblastoma after initial treatment with radiotherapy and temozolomide.*
Bevacizumab	*Continued use of bevacizumab with standard second line fluoropyrimidine-based chemotherapy after first progression on bevacizumab and fluoropyrmidine-based chemotherapy in metastatic colorectal cancer.*
Bevacizumab	*The second line treatment of advanced colorectal cancer in combination with irinotecan-based combination chemotherapy.*
Bevacizumab	*Treatment breaks in the treatment of metastatic colorectal cancer*

National Cancer Drugs Fund List – Decisions awaiting further information

(28 May 2013)

DRUG	*NCDF APPLICATION COHORT*
Bortezomib	*Induction therapy prior to high dose melphalan and ASCT in newly diagnosed multiple myeloma*