Rapid Assessment of Commissioning Implications for use of uridine triacetate for the treatment of patients exhibiting early-onset severe toxicities following 5-fluorouracil or capecitabine administration (All Ages) [NHSE URN: 1929]

Key Implications	Proposed Approach	Rationale / Notes
Activity	Number of patients affected in current financial year: 4 patients	Based on clinical consensus, it is estimated that 50 patients could access uridine triacetate per annum in England. This is because despite the high number of patients being treated with 5-fluorouracil/ capecitabine, only a small number of patients will meet the clinical criteria set out in the policy and access treatment. Furthermore, some areas of the country have already embedded routine genetic testing reducing the risk of developing this toxicity. Should routine DPD genetic testing be introduced nationally, the number of patients accessing uridine triacetate would be expected to reduce to approximately 10 patients per annum. It is anticipated that the policy will be published in March 2020 hence the calculation for the number of patients affected in the current financial year (19/20).
	Number of patients affected in a full financial year: 50 patients.	See section above.
Finance	Funded via: Other (please explain rationale)	The cost of the medicine would be reimbursed as pass through.
Estimated Savings / Investment	Estimated net cost (pye) in £k: £270.7K	It is anticipated that the policy will be published in March 2020. Net cost is based on drug costs only (£67,677 per course of treatment). It is assumed that all other costs associated with care are currently captured including any inpatient or ITU admissions. Patients stopping chemotherapy as a result of this medicine are then likely to commence another treatment and therefore these costs are unchanged.
	Estimated net cost / saving in full financial year (fye) in £k: £3,383.8K	Based on clinical consensus, it is estimated that approximately 50 patients could access uridine triacetate per annum in England. Net cost is based on drug costs only. It is assumed that all other costs associated with care are

		currently captured including any inpatient or ITU admissions. Patients stopping chemotherapy as a result of this medicine are then likely to commence another treatment and therefore these costs are unchanged. Routine DPD genetic testing is currently being explored by the Genomics Programme of Care. Should routine DPD genetic testing be introduced, FYE net costs would be expected to fall to £676.7K per annum, with approximately 10 patients per year requiring treatment.
	Financial advice and assurance received from: Finance Lead, Jan 2020	
Impact on Provider Landscape	No change	The provider landscape will not be impacted by this policy. All designated providers of chemotherapy treating patients with either 5-fluorouracil or capecitabine would be able to use this medicine for eligible patients in line with the criteria set out in the policy proposition.
Equity	Is it anticipated that the proposal can be delivered equitably across England? Yes	All designated providers of chemotherapy treating patients with either 5-fluorouracil or capecitabine would be able to use this medicine for eligible patients in line with the criteria set out in the policy proposition.
Inequality	Is the proposal likely to disproportionately advantage or disadvantage any groups with protected characteristics? No	See above.
Commissioner Actions	• Completion of the policy paperwork – January 2020 • Cancer Programme of Care assurance – February 2020 • Senior Management Team approval – March 2020 • Publication of policy – March 2020 • Issue of specialised service circular and provider letter – March 2020	

Drafted by: Senior Manager for the Cancer Programme of Care

PoC Senior Team Sign Off Confirmed on 27/02/2020