NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group

NHS

December, 2014

Sativex® for the treatment of non-MS neuropathic pain (unlicensed indication)

The New Therapies Subgroup discussed the above at its meeting on 19th December 2014. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of Sativex® for the management of non-MS neuropathic pain. This is an unlicensed use.

The group does not recommend the use of Sativex® for the above indication. There is limited evidence of efficacy and combined with a high acquisition cost the group felt that Sativex® was unlikely to meet conventional cost effectiveness criteria.

For use in cancer pain, results of on-going phase III studies are intended to form the basis of an application for a licence and the group agreed that these results are required before Sativex® can be recommended in this group of patients.

It is recognised, however, that Sativex® may be considered for use in certain individuals in exceptional circumstances. Sativex® is a costly treatment with limited evidence of benefit so clinicians should make sure that doses of established pain killers have been optimised and other non-pharmacological treatment options tried prior to requesting the use of Sativex®. Sativex® is unlicensed for this indication so its RAG status will be red and any prescribing must be retained within secondary care. There should also be a six monthly review for on-going need by the specialist.

According to set criteria Sativex® for chronic non-MS pain was deemed to be a low priority for funding.

Review date: **December 2016**

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm therisk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

Further information / commissioning implications for CCGs

Recommendation

The recommendation is that this drug is a low priority for funding. The indications for the above prescribing [e.g. licensed or off-licence] are unknown.

Formulary and Interface considerations

It is already classified as red Interface status and is already on the DNP list. Primary care prescribing will show on reports such as the above; prior discussion as recommended above will inform the appropriateness of this prescribing.

Summary of impact

Impact is low as this is rarely prescribed in primary care. This should only be in exceptional circumstances so while it is already on DNP and Red lists, some local prescribing may occur which may need to be commissioned by CCGs if appropriate. There are no other commissioning implications.