

**South East London Area Prescribing Committee
Formulary recommendation**

Reference	081
Intervention:	Botulinum toxin type A injection for the treatment of posterior and anterior anal fissure <small>(Botulinum toxin is a protein complex derived from the bacterium <i>Clostridium botulinum</i>)</small>
Date of Decision:	April 2018
Date of Issue:	May 2018
Recommendation:	Red – suitable for prescribing and supply by the hospital only
Further Information:	<p>Botulinum toxin type A injection is accepted for use in SEL for the treatment of posterior and anterior anal fissures in line with the local treatment pathway , which includes the following criteria: The condition has failed to heal spontaneously and</p> <ul style="list-style-type: none"> (i) chronic symptoms (pain and/or rectal bleeding) have persisted for more than 6 weeks and (ii) all other appropriate non-surgical, pharmacological (e.g. topical glyceryl trinitrate) and dietary strategies have been tried and failed <ul style="list-style-type: none"> • A dose of 50 -100 units botulinum toxin type A will be used per used per procedure. • Where treatment is effective, botulinum toxin type A injections may be repeated a maximum number of two times. Further injections are not commissioned. • Botulinum toxin type A injection is a tariff excluded, CCG commissioned medicine for this indication and will be classified as a B* medicine locally. • A B* notification form will need to be completed and submitted to commissioners for each patient treated with botulinum toxin for anal fissure in order for the cost of the medicine to be reimbursed to the Trust. • Only the most cost-effective brand of botulinum toxin type A injection will be commissioned for use in this indication, taking into account any locally negotiated prices. • Note: at the time of writing, there are no brands of botulinum toxin type A injection licensed for the treatment of anal fissure. Informed consent to use an unlicensed preparation should be gained from the patient before treatment is started.
Shared Care/ Transfer of care required:	N/A
Cost Impact for agreed patient group	<ul style="list-style-type: none"> • It is estimated that there will be approximately 30 to 50 patients across SE London per annum suitable for treatment. • Assuming that: <ul style="list-style-type: none"> (i) treatment is with the most cost-effective brand (currently Xeomin[®]) (ii) A 100 unit injection is used per procedure and (iii) The maximum of 3 total injections commissioned is used the cost of botulinum toxin per patient per annum would be £306 (including VAT). • This would result in a total drug cost impact across SEL of between £3,000 to £15,000 per annum. • The drug cost will be lower if a 50unit dose for botulinum toxin injection is used. • This does not include activity related costs from the appointments to administer the injections and follow-up. However, some of this spend would be offset by a reduction in the need for surgery in some patients and lower rates of anal incontinence (which can result in further long term costs).

Usage Monitoring & Impact Assessment	Acute Trusts: <ul style="list-style-type: none"> • Monitor usage and report back to the APC when required • Audit use as required by commissioners to ensure use is in line with this recommendation. CCGs: <ul style="list-style-type: none"> • Monitor monthly tariff excluded high cost drugs invoicing submitted by Trusts to the South East CSU to ensure billing of the most cost effective product
Evidence reviewed	References (from evidence review) <ol style="list-style-type: none"> 1. Shub H, Salvati E, Rubin R. Conservative treatment of anal fissure: an unselected, retrospective and continuous study. <i>Dis Colon Rectum</i> 1978; 21:582. 2. Clinical Knowledge Summaries: Anal fissure. Available online at: https://cks.nice.org.uk/anal-fissure (accessed 18/09/2017) 3. BMJ (2015) Anal fissure. BMJ Publishing Group. Available online at: bestpractice.bmj.com (accessed 18/09/2017) 4. Menteş B, İrkörücü O, Akin M, et al. Comparison of botulinum toxin injection and lateral internal sphincterotomy for the treatment of chronic anal fissure. <i>Dis Colon Rectum</i> 2003; 46:232. 5. Poh A, Tan KY, Seow-Choen F. Innovations in chronic anal fissure treatment: A systematic review. <i>World J Gastrointest Surg</i> 2010; 2:231. 6. Nelson R. Operative procedures for fissure in ano. <i>Cochrane Database Syst Rev</i> 2005; CD002199. 7. Schornagel I, Witvliet M, Engel A. Five-year results of fissurectomy for chronic anal fissure: low recurrence rate and minimal effect on continence. <i>Colorectal Dis</i> 2012; 14:997. 8. Chambers W, Sajal R, Dixon A. V-Y advancement flap as first-line treatment for all chronic anal fissures. <i>Int J Colorectal Dis</i> 2010; 25:645. 9. Stewart D, Gaertner W, Glasgow S et al. Clinical practice Guideline for the Management of Anal Fissures. <i>Dis Colon Rectum</i> 2017 (60) 1 p7-14 10. Botox 100 units. Summary of Product Characteristics. Available online at: http://www.medicines.org.uk/emc/medicine/112 (accessed 18/09/2017) 11. UpToDate Clinical Resource. Anal fissure: Surgical management. Available online at: www.uptodate.com (accessed 18/09/2017) 12. Chronic anal fissure: botulinum toxin type A injection. Evidence Summary Unlicensed/off-label medicine (ESUOM) 14. June 2013. Available online at: https://www.nice.org.uk/advice/esuom14 (accessed 18/09/2017) 13. Nelson R, Thomas K, Morgan J et al. Non-surgical therapy for anal fissure (review). <i>Cochrane database of Systematic Reviews</i> 2012 Issue 2. 14. Yiannakopoulou E. Botulinum toxin and anal fissure: Efficacy and safety systematic review. <i>International Journal of Colorectal Diseases</i> 2012 27 p1-9 15. Samim M, Twigt B, Stoker L et al. Topical diltiazem cream versus botulinum toxin A for the treatment of chronic anal fissure: a double-blind randomised controlled clinical trial. <i>Annals of Surgery</i> 2012 255 p18-22 16. Lindsey I, Jones O, Cunningham C et al. Botulinum toxin as second-line therapy for chronic anal fissure failing 0.2% glyceryl trinitrate. <i>Diseases of the Colon and rectum</i> 46 p361-366 17. Lin J, Krishna S, Su'a B et al. Optimal dosing of botulinum toxin for treatment of chronic anal fissure: A systematic review and meta-analysis. <i>Diseases of the rectum and Colon</i> 2016 59 (9) p886-894 18. Barbeiro S, Atalaia-Martins C, Marcos P et al. Long term outcomes of Botulinum toxin in the treatment of chronic anal fissure: 5 years follow-up. <i>United European Gastroenterology Journal</i> 2017 5 (2) p293-297 19. Botulinum toxin: rare but serious risks. MHRA October 2007. Available online at: https://www.gov.uk/drug-safety-update/botulinum-toxin-products-rare-but-serious-risks (accessed 20/09/2017) 20. Essani R, Sarkisyan G, Beart R et al. Cost-saving effect of treatment algorithm for chronic anal fissure: a prospective analysis. <i>Journal of Gastroenterology Surgery</i> 2005 (9) p1237-1244

NOTES:

- a) Area Prescribing Committee recommendations and minutes are available publicly on member CCG websites.
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**