Service Notification in response to DHSSPS endorsed NICE Technology Appraisal

Health and Social Care Board

NICE TA 259 - Abiraterone for castration-resistant metastatic prostate cancer previously treated with a Docetaxel-containing regimen

1	**Summary of NICE TA 259** Abiraterone in combination with prednisone or prednisolone is recommended as an option for the treatment of castration-resistant metastatic prostate cancer (mCRPC) in adults, only if: • their disease has progressed on or after one Docetaxel-containing chemotherapy regimen, and • the manufacturer provides Abiraterone with the discount agreed in the patient access scheme (PAS). NICE TA 259 concluded that the available evidence demonstrates that Abiraterone is a clinically effective second-line treatment for mCRPC. NICE TA 259 also concluded that Abiraterone offer a step change in treatment because it is an oral drug taken by patients at home, and is associated with few adverse reactions.
2	**Number of people in Northern Ireland expected to take up service/therapy (new cases per year)** The NICE Costing Template accompanying TA 259 indicates that 51 patients per year would be expected to take up treatment with Abiraterone for mCRPC. A business case from the NICaN Drugs and Therapeutics Committee has indicated that around 55 patients would be eligible for treatment with Abiraterone in Northern Ireland annually. There is a difference in the estimate of the number of people eligible for treatment with TA 259 between the NICE costing template of 51 and the NICaN D&T estimate of 55. The HSCB will opt to support the introduction of TA 259 using the NICaN D&T estimate on the basis that the Committee is best placed to take account of local variations which contribute to this marginally higher uptake in Northern Ireland. This position will be closely monitored through the extant pharmacy reporting mechanism and may be subject review over the next 18 – 24 months. The pharmacy reporting mechanism should be adjusted to specifically report on uptake against NICaN projected profile on a quarterly basis.

3	**Costs**
3.1	**Cost per patient per annum** The recommended dose of Abiraterone is 1,000 mg (four 250 mg tablets) as a single daily dose. BNF63 (March 2012) indicates that Abiraterone costs £98.00 per patient per day. NICaN has advised that it is expected patients will receive an average of 8 calendar months of treatment with Abiraterone. The NICE Costing Template that accompanies TA 259 indicates that the following costs: • Cost of Abiraterone per person = £23,766.00 • Cost of follow-up outpatient appointments, per person = £1,129.00 • Cost of concomitant prednisolone therapy per person = £47.00 Hence, total cost of Abiraterone (plus prednisolone) per person = £24,948.00 A patient access scheme is available for Abiraterone. Trust/s will be expected to avail of this scheme.
3.2	**In year cost per patient per annum (for new and prevalent cases)** The in- year cost is likely to reach around £0.6m based on phased uptake over the course of 2012/13. A patient access scheme is available for Abiraterone. Trust/s will be expected to avail of this scheme.
3.3	**Cost savings and how these will be secured** Current estimated total existing costs available for release are estimated in the NICE template at £159k and have already been netted off the cost estimates for the introduction of Abiraterone.
3.4	**Recurrent overall cost** The NICE template predicts total new costs to be £1.419m. After savings on current treatment, a net additional recurrent cost of £1.26m. A patient access scheme is available for Abiraterone. Trust/s will be expected to avail of this scheme and commissioning funding will be set accordingly.
4	**Expected implementation period** Abiraterone acetate is an oral formulation which supports early implementation. TA 259 is already available on a cost per case basis. It is expected that approximately 25 patients will begin treatment with abiraterone by the end of March 2013. By the end of 2013 it is expected that TA 259 will have been

	fully implemented.
5	**Commissioning arrangements** Following final policy endorsement by the DHSSPSNI and agreement on the detail of the business case submitted via the NICaN D&T, the regime will be consolidated into the core commissioning arrangements in place for cancer drugs. Interim commissioning arrangements are in place to provide TA 259 on a cost per case basis.
6	**Monitoring arrangements** HSCB currently reviews quarterly monitoring information in relation to the usage of all recurrently funded specialist cancer drugs across both the Cancer Centre and other Units. The monitoring pro forma will be adapted to capture information in respect of this regimen and this group of patients. This monitoring report is submitted to the Specialist Services Commissioning Team for formal review and comment by the Team. The HSCB will opt to support the introduction of TA 259 using the NICaN D&T estimate on the basis that the Committee is best placed to take account of local variations which contribute to this marginally higher uptake in Northern Ireland. This position will be closely monitored through the extant pharmacy reporting mechanism and may be subject review over the next 18 – 24 months. SSCT has a long-established working relationship with NICaN D&T committee, which meets on a bi-monthly basis. Service monitoring including the review of the quarterly monitoring of data returns is a key function of this group. Progress with the implementation of this regime will be formally reported at the annual presentation by the NICaN D&T committee to the Specialist Services Commissioning Team.
7	**DHSSPS Legislative / policy caveats** This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.