

NICE TA 280 Abatacept for treating rheumatoid arthritis after the failure of conventional disease-modifying anti-rheumatic drugs (rapid review of technology appraisal guidance 234)

<p>1</p>	<p>Summary of NICE TA 280</p> <p>This guidance replaces NICE Technology Appraisal guidance 234 issued in August 2011.</p> <p>Abatacept in combination with methotrexate is recommended <u>as an option</u> for treating rheumatoid arthritis (RA) in adults whose disease has responded inadequately to 2 conventional disease-modifying anti-rheumatic drugs (DMARDs), including methotrexate, only if:</p> <ul style="list-style-type: none"> • it is used in accordance with the recommendations for other biological DMARDs in “Adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis” (NICE technology appraisal guidance 130) and • the manufacturer provides abatacept with the discount agreed in the patient access scheme.
<p>2</p>	<p>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</p> <p>At the end of March 2013, there were a total of 3,080 patients on biologic therapies for severe inflammatory arthritis. It is estimated that around 430 additional patients will commence on treatment during 2013/14. It is not anticipated that the number of additional patients in 2013/14 will change with the implementation of TA 280.</p>
<p>3</p>	<p>Costs</p>
<p>3.1</p>	<p>Cost per patient per annum</p> <p>Abatacept is administered as a 30-minute intravenous infusion. After an initial infusion (week 0), a person receives an infusion at week 2, at week 4 and then every 4 weeks thereafter.</p> <p>Abatacept is available in 250-mg vials at a cost of £302.40 per vial. Fourteen infusions are needed in the first year, and 13 infusions in subsequent years.</p> <p>The dose of abatacept depends on body weight:</p> <ul style="list-style-type: none"> • people weighing less than 60 kg need 500 mg, • People weighing between 60–100 kg need 750 mg, and

	<ul style="list-style-type: none"> • People weighing over 100 kg need 1000 mg <p>The annual drug costs associated with abatacept vary according to body weight and the number of infusions needed. For a person weighing 60–100 kg, the cost is £12,700.80 in the first year, and £11,793.60 in subsequent years.</p> <p>The cost of this therapy is subject to a discount via a patient access scheme. This discount is commercial in confidence. However, it is expected that the patient access scheme discount will mean that this therapy is available at a similar unit cost per patient as the other biologic therapies currently available.</p>
3.2	<p>In year cost per patient per annum (for new and prevalent cases)</p> <p>The in-year costs of implementing this therapy will be available from the funding already allocated to Trusts for the predicted growth in patient numbers in this area.</p>
3.3	<p>Cost savings and how these will be secured</p> <p>No cost savings anticipated.</p>
3.4	<p>Recurrent overall cost</p> <p>In-year 2013/14 will be covered from funding already allocated to Trusts.</p>
4	<p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p>
5	<p>Commissioning arrangements</p> <p>This regime will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team.</p>
6	<p>Monitoring arrangements</p> <p>HSCB currently reviews monthly monitoring information from all Trusts on all biologics used, number of patients treated (adults and children), and number of patients waiting to commence treatment by banded waiting times.</p> <p>The monitoring pro forma will be adapted to capture information in respect of this regime and this group of patients.</p> <p>The Specialist Service Commissioning Team has a long established RA biologics sub group which meets on a quarterly basis. Service monitoring including the review of the monthly data returns is a key function of this group.</p>

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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.