1 Summary of NICE TA 300

Peginterferon alfa (2a or 2b) in combination with ribavirin is recommended, within its marketing authorisation, as an option for treating chronic hepatitis C in children and young people.

2 Number of people in Northern Ireland expected to take up service/therapy (new cases per year)

The population covered by the guidance is children and young people aged 3 to 17 years with chronic hepatitis C. Based on the Costing Statement that accompanies TA300, it is estimated that up to 5 patients would be expected to take up treatment with peginterferon alfa in combination with ribavirin each year.

3 Costs

3.1 Cost per patient per annum

The cost of a course of peginterferon alfa (2a or 2b) in combination with ribavirin is dependent on the patient’s age, genotype and on the regimen chosen. The table below provides an estimate of the potential cost per patient based on each of these scenarios.

<table>
<thead>
<tr>
<th>Age range (years)</th>
<th>Genotypes 1 and 4 (48 week treatment)</th>
<th>Genotype 2 and 3 (24 week treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peginterferon alfa 2a and ribavirin</td>
<td>Peginterferon alfa 2b and ribavirin</td>
<td>Peginterferon alfa 2a and ribavirin</td>
</tr>
<tr>
<td>3-4</td>
<td>£4,800</td>
<td>£2,400</td>
</tr>
<tr>
<td>5-8</td>
<td>£6,652</td>
<td>£6,361</td>
</tr>
<tr>
<td>9-13</td>
<td>£7,256</td>
<td>£8,740</td>
</tr>
<tr>
<td>14-17</td>
<td>£9,116</td>
<td>£9,110</td>
</tr>
</tbody>
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* Source: NICE Costing Statement that accompanies TA300

Peginterferon alfa-2a and peginterferon alfa-2b are clinically equivalent and the decision to treat with either will largely be determined by clinical judgement and the specifics of the marketing authorisation.
Children and young people receive a one-off course of treatment with peginterferon alfa plus ribavirin for either 24 or 48 weeks dependent on patient age, genotype and the proposed regimen.

### 3.2 In year cost per patient per annum (for new and prevalent cases)

It is not anticipated that there will be any in-year 2013/14 costs associated with the introduction of this treatment. Subject to the submission and agreement of an investment proposal by Belfast Trust, it is expected that this therapy will be introduced in the first quarter of 2014/15.

### 3.3 Cost savings and how these will be secured

The implementation of NICE TA300 is not anticipated to generate any cost savings.

### 3.4 Recurrent overall cost

Based on the Costing Statement that accompanies TA300, it is estimated that up to 5 patients would be expected to take up treatment with peginterferon alfa in combination with ribavirin each year in Northern Ireland. The recurrent annual costs for treating up to five patients per annum will be in the range £12,000 to £46,000 in total.

Spend on this treatment will be monitored by the HSC Board and the recurrent investment will subject to outcome of this monitoring.

### 4 Expected implementation period

It is expected that subject to submission and agreement of an investment proposal by Belfast Trust, that this therapy will be introduced in the first quarter of 2014/15 on a cost per case basis.

### 5 Commissioning arrangements

This regime will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team. Belfast Trust will be invited to submit a proposal for the introduction of this treatment as part of the wider hepatology service.

Following agreement of the proposal, this treatment will be consolidated into the commissioning arrangements in place for hepatology services.

### 6 Monitoring arrangements

The Trust will be required to provide a quarterly report to the Specialist Services Commissioning Team on the number of patients receiving treatment including the cost of the drugs per patient.
<table>
<thead>
<tr>
<th>7</th>
<th><strong>DHSSPS Legislative/Policy Caveats</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
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</tbody>
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