

NICE TA 306 – Pixantrone monotherapy for treating multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma

<p>1</p>	<p>Summary of NICE TA 306</p> <p>Pixantrone monotherapy is recommended as an option for treating adults with multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma only if:</p> <ul style="list-style-type: none"> • the person has previously been treated with rituximab and • the person is receiving third- or fourth-line treatment and • the manufacturer provides pixantrone 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>NICE have not completed a costing template for this therapy. Data from the NI Cancer Registry (Living with and beyond cancer – a report on cancer prevalence 2010), published May 2013, suggests that there will be less than 150 new cases per year diagnosed with Non-Hodgkins Lymphoma which could be categorised as ‘B – Cell’ and a very small percentage of these new cases are likely to receive 3rd or 4th line treatment.</p> <p>A clinical opinion has also been sought from the from the Consultant Haematologists and it is thought that patient numbers eligible for this treatment in Northern Ireland is likely to be less than 10 patients per year. This is due to the fact that the therapy is for 3rd or 4th line treatment and very few patients will reach this stage of therapy.</p>
<p>3</p>	<p>Costs</p>
<p>3.1</p>	<p>Drug cost per patient per annum</p> <p>The dose of pixantrone is individualised for each patient. The dosage is calculated based on the patient’s body surface area. The recommended dosage is pixantrone 50 mg/m² on days 1, 8 and 15 of each 28-day cycle for up to 6 cycles. It is administered intravenously.</p> <p>Pixantrone is priced at £553.50 per 20ml vial which is equivalent to 50 mg pixantrone dimaleate (excluding VAT; BNF edition 66).</p> <p>It is therefore not possible to state an accurate cost per patient per annum. However, in their calculations, NICE used an estimated cost of a course of treatment to be £19,926 (costs calculated over 4 cycles using an average of 3 vials per dose based on the median length of treatment in the PIX301 trial).</p> <p>The manufacturer of pixantrone has agreed a patient access scheme with the Department of Health that makes pixantrone available with a discount. The size of the discount is commercial in confidence.</p>

3.2	<p>In year costs</p> <p>Given the projected small patient numbers and the inability to predict the split between the cancer centre and cancer units, HSCB will commission this drug on a Cost Per Case (CPC) basis and therefore in year costs will be met via this mechanism.</p>
3.3	<p>Infrastructure Costs per annum</p> <p>Infrastructure costs are not known at present, however due to the projected small numbers, infrastructure costs are expected to be minimal across centre and units.</p>
3.4	<p>Cost savings and how these will be secured</p> <p>No cost savings are anticipated by implementing TA306.</p>
3.5	<p>Recurrent overall cost</p> <p>The annual cost associated with implementing the guidance is estimated as £4.2 million for the total population of England. Given that the population of Northern Ireland represents 3.4% of the population of England, the estimated annual cost of implementing TA306 will be £141,308. (equivalent to about 7 patients per annum)</p> <p>This estimate is based on the full list price of pixantrone and does not take account of the discounted price from the patient access scheme.</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 on a CPC basis for use in the cancer centre and cancer units.</p>
6	<p>Monitoring arrangements</p> <p>The HSCB IFR process will generate quarterly reports on the number of Cost Per Case applications which will be reviewed formally by the Specialist Services Commissioning Team on a quarterly basis.</p> <p>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.</p> <p>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.</p>

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.