

1	<p>Treatment & Condition</p> <p>Lubiprostone for treating chronic idiopathic constipation</p>
2	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal Guidance 318 (July 2014)</p> <p>Lubiprostone is a recommended treatment option for treating chronic idiopathic constipation for adults (male and female) in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and for whom invasive treatment for constipation is being considered. If treatment with lubiprostone is not effective after 2 weeks, the person should be re-examined and the benefit of continuing treatment reconsidered. Lubiprostone should only be prescribed by a doctor who is experienced in treating chronic idiopathic constipation, after they have carefully considered previous treatments.</p>
3	<p>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</p> <p>The NICE costing statement suggests that up to 1100 patients in N Ireland could be prescribed this treatment</p>
4	<p>Patient Access Scheme availability</p> <p>Not applicable</p>
5	<p>Costs (before PAS if applicable)</p> <p>NICE provided a costing statement only (and not a template) for lubiprostone.</p> <p>Prevalence of constipation in men is 9.1/1000 and in women is 16.5 /1000. This suggests there are 23,500 GP diagnosed cases of constipation, of whom 13,200 are treated with laxatives for chronic constipation. 3,700 are non responders to 2 cycles of laxatives and of these potentially 1107 could be considered for prucalopride. Currently prescribing patterns (section 5.3) suggests that currently 200 patients receive prucalopride.</p> <p>This technology is an additional treatment option, and the cost is similar to prucalopride which is currently recommended by NICE. Although prucalopride is licensed for use in women, clinical opinion suggests that prucalopride is commonly used in men (outside its licensed indication). Therefore no substantial change is expected in the overall number of people receiving treatment at this point of the treatment pathway. NICE do not anticipate any significant additional costs to be incurred.</p>

5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Annual cost of lubiprostone at a dose of 24 micrograms twice daily is an annual cost of £697.15 and a daily cost of £1.91.</p>
5.2	<p>Infrastructure costs per patient per annum</p> <p>None, as medication will be mainly prescribed in primary care.</p>
5.3	<p>Current in year costs</p> <p>Estimated costs for both strengths of prucalopride 2014/15 are £164k. Based on data relating to quantity of prucalopride tablets prescribed during 13/14 it is estimated that 44 x 1mg 12-month treatments were prescribed and 159 x 2mg 12 month treatments were prescribed. (If 203 x 12-month treatments of lubiprostone were prescribed this would amount to £142k).</p>
5.4	<p>Recurrent overall costs per annum (including additional costs)</p> <p>NICE do not anticipate any significant additional costs to be incurred.</p>
5.5	<p>Opportunities for cost savings and how these will be secured</p> <p>There is an annual cost saving of approximately £80 if lubiprostone is used as an alternative to prucalopride 2 mg dosage and an additional cost of £193 if lubiprostone is used as an alternative to prucalopride 1 mg dosage.</p> <p>Approximately 78% of patients currently use the 2 mg prucalopride tablets and 22% use the 1 mg tablets.</p> <p>NICE describe a potential reduction in the number of people referred to secondary care, requiring more invasive procedures or surgery. It may also reduce the number of people presenting for non-elective treatment of obstructions.</p>
6	<p>Expected implementation period</p> <p>Immediate</p>
7	<p>Commissioning arrangements</p> <p>Costs and prescribing likely to be undertaken in primary care in the majority of cases.</p>
8	<p>Monitoring arrangements</p> <p>Via HSCB Medicines Management Advisers</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.