

1	<p>Treatment & Condition (<i>Title</i>)</p> <p>Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma</p>
2	<p>Associated appraisal body & Summary of ruling (<i>to include indication, restrictions, other relevant information</i>)</p> <p>NICE Technology Appraisal Guidance 319 (July 2014)</p> <p>Ipilimumab is recommended, within its marketing authorisation, as an option for treating adults with previously untreated advanced (unresectable or metastatic) melanoma, only if the manufacturer provides ipilimumab with the discount agreed in the patient access scheme.</p>
3	<p>Number of people in Northern Ireland expected to take up service/therapy (<i>including new cases per year</i>)</p> <p>NICE did not publish a costing template with this guidance; however detailed information on the key assumptions applied in relation to patient numbers was sought. Ipilimumab is already recurrently funded for 22 patients in NI as a 2nd line treatment and therefore once patients are able to access this drug at 1st line, a reduction in patient numbers receiving 2nd line treatment would be anticipated.</p> <p>In this context and based on the NICE assumptions with regards to the number of patients currently receiving dacarbazine who would be eligible for ipilimumab 1st line and also the number of patients currently receiving vemurafenib (also recurrently funded for patients with BRAF+ mutation) who would also become eligible, the projected additional patient numbers for this treatment is 3 patients per year.</p> <p>This assumption is on the basis that a small number of BRAF+ patients (who would have previously received Vemurafenib) may now receive ipilimumab first line and then may or may not subsequently go on to receive vemurafenib. Therefore when considering both regimes together, it is assumed that there will likely be an increase of 3 patients receiving ipilimumab and potentially a reduction in vemurafenib. On this basis, the overall budget to treat metastatic melanoma only requires a small uplift for the introduction of this new regime.</p> <p>From 1 April to date, 2 requests for Ipilimumab 1st line treatment have been approved by HSCB on a Cost Per Case basis. The position on patient numbers for Ipilimumab at 1st and 2nd line will be closely monitored via a formal review of the cost per case applications by the specialist services commissioning team on a quarterly basis.</p>
4	<p>Patient Access Scheme availability</p> <p>The manufacturer of ipilimumab has agreed a patient access scheme with the Department of Health, in which a confidential discount on the list price of ipilimumab</p>

	<p>is offered. The Department of Health considered that this patient access scheme does not constitute an excessive administrative burden on the NHS.</p> <p>The same ipilimumab patient access scheme will be in place as agreed in TA 268.</p>
5	Costs <i>(before PAS if applicable)</i>
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Ipilimumab has a UK marketing authorisation 'for the treatment of advanced (unresectable or metastatic) melanoma in adults'. The recommended dose of ipilimumab is 3 mg per kilogram of body weight (mg/kg) administered intravenously over a 90-minute period every 3 weeks for a total of 4 doses.</p> <p>Ipilimumab is priced at £3750 per 10-ml vial (5 mg/ml, 50mg) or £15,000 per 40-ml vial (5 mg/ml, 200mg).</p> <p>Assuming an average body weight of 70kg and no vial sharing: Dose = 210mg per dose = £18,750 per dose = £75,000 per course (4 doses) – before application of PAS discount.</p> <p>Studies show that, on average, patients get 3.3 doses of ipilimumab rather than 4 doses.</p> <p>Thus, on average, the cost per patient per course = £61,875 before application of any PAS discount.</p>
5.2	<p>Infrastructure costs per patient per annum</p> <p>Current standard first-line treatment for advanced (unresectable or metastatic) melanoma is dacarbazine or vemurafenib. Ipilimumab is now another option at this point in the treatment pathway. Both dacarbazine and ipilimumab are given by intravenous infusion; vemurafenib is given orally.</p> <p>The HSCB/PHA recognise that there may be the potential for this regime to generate net additional non drug costs arising from the introduction of this regime such as pharmacy and nursing time and additional prechemotherapy blood tests. There may also be net additional costs arising from management of drug toxicity including supportive treatment such as steroids and potentially 7 bed days per year. The regional service impact process will assess the need for net additional investment in infrastructure for this regime with reference to the wider staffing profile for the service.</p>
5.3	<p>Current in year costs</p> <p>In-year costs will be met via the cost per case arrangement.</p>
5.4	<p>Recurrent overall costs per annum <i>(including additional costs)</i></p> <p>As detailed above - assuming an average body weight of 70kg and no vial sharing: Dose = 210mg per dose = £18,750 per dose = £75,000 per course (4 doses) – before application of PAS discount.</p>

	<p>Studies show that, on average, patients get 3.3 doses of ipilimumab rather than 4 doses.</p> <p>Thus, on average, the cost per patient per course = £61,875 before application of any PAS discount.</p> <p>Based on an average of 3.3 cycles at a cost of £61,875 per course – the total cost for 3 patients will be £185,625 (prior to PAS discount).</p>
5.5	<p>Opportunities for cost savings and how these will be secured</p> <p>Implementation of NICE TA 319 is unlikely to result in any cost savings.</p>
6	<p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p>
7	<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.</p>
8	<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> <p>In order to gain a view on the levels of usage of Ipilimumab at both 1st and 2nd line treatment, the Belfast Trust will be requested to continue to submit CPC applications for both regimes until usage trends can be established to inform a confirmed commissioning level for this regime.</p>
9	<p>DHSSPS Legislative/Policy Caveats</p> <p>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.</p>