HSCB Service Notification for the managed entry of new medicines and technologies

Health and Social Care Board

1	**Treatment & Condition** Nalmefene for reducing alcohol consumption in people with alcohol dependence
2	**Associated appraisal body** *(NICE/SMC/Other)* ***&*** **Summary of ruling** *(to include indication, restrictions, other relevant information)* NICE technology appraisal guidance 325 (November 2014) Nalmefene is a primary care based treatment option for reducing alcohol consumption in people with mild-to-moderate alcohol dependence. It should be considered in people who have a risk level defined as alcohol consumption of more than 60g (7.5 units) per day for men and more than 40g (5 units) per day for women *without* physical withdrawal symptoms and who *do not* require immediate detoxification (World Health Organization classification of drinking risk levels). TA325 also references the DSM-IV definition of alcohol dependency and at least 6 heavy drinking days (definition above) within a 28 day period. Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption and be initiated only in patients who continue to have a high drinking risk level 2 weeks after initial assessment. Within the primary care setting, the patient's clinical status, alcohol dependence, and level of alcohol consumption (based on patient self-reporting) should be evaluated. The patient is asked to record their alcohol consumption over a two week period. Nalmefene should not be prescribed for more than 1 year. TA 325 estimates that of the overall potential candidate group (i.e. those meeting the definition provided in section 1), 40% would (in future) receive psychosocial support alone and 60% receive Nalmefene plus psychosocial support (40/60 balance set out in costing template). Nalmefene is likely to be initiated/prescribed mainly within the primary care setting and only in conjunction with *psychosocial support* to help ensure treatment adherence and reduce alcohol consumption. As noted by NICE, the accompanying psychosocial support may range from in-house (practice provided) brief interventions/support, to input/support provided by commissioned specialist Voluntary sector providers (Tier 2), to formal Trust provided (Tier 3) specialist Addiction services. Trust based specialist addiction teams manage relatively more addicted individuals many of whom will *not be* suitable candidates for

	Nalmefene. Trust teams are therefore unlikely to be a main source of psychosocial support for those prescribed Nalmefene.
3	**Number of people in Northern Ireland expected to take up service/therapy** Using the standard assumptions in the NICE costing template and MYE 2013 population figures for N. Ireland, the estimated patient numbers per year of introducing this drug is as follows: **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** **Patients** | 500 | 750 | 1,000 | 1,250 | 1,500
4	**Patient Access Scheme availability** Not available
5	**Costs** *(before PAS if applicable)*
5.1	**Drug cost per patient per annum (for new and prevalent cases)** TA 325 costing template estimates: • Nalmefene: average 'unit cost' per completed treatment = £618 • Psychosocial support: average 'unit cost' per completed treatment = £951 • Nalmefene plus Psychosocial support: average 'unit cost' per completed treatment = £1,569
5.2	**Infrastructure costs per patient per annum** Assuming the provision of psychosocial support is derived from the existing range of services already in place (see section 2) there may be no significant additional infrastructure costs (other than the additional medication costs associated with Nalmefene). However, potential risk of additional referrals to Trust based (Tier 3) services for psychosocial support could rise, i.e. over and above capacity of existing services in place (NICE acknowledge this potential risk but do not provide a specific costing for this eventuality). In this eventuality, local Trust services may deem that a significant proportion of such referrals are not appropriate.
5.3	**Current in year costs** Based on current projections, the NICE Costing template estimates the current in year costs to be approximately £140k.
5.4	**Recurrent overall costs per annum** *(including additional costs)* Given the incremental growth in Nalmefene usage set out above, the NICE Costing

	Template anticipates the total additional recurrent costs to be £825k in Year 5. **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** **Patients**: 500 | 750 | 1,000 | 1,250 | 1,500 **£000's**: 275 | 412 | 550 | 687 | 825
5.5	**Opportunities for cost savings and how these will be secured** Nalmefene should be used *in addition to* existing treatment approaches. Nalmefene does not therefore replace an existing treatment. In this respect there is no service/treatment that will be decommissioned given the introduction of Nalmefene. The use of Nalmefene may help limit future referrals (from primary care) to Trust based Tier 3 / other services. However, existing Tier 3 services are below advised levels. Nalmefene could potentially help to off-set some pressure from Tier 3 services. No actual cash releasing is therefore anticipated.
6	**Expected implementation period** No barriers to implementation.
7	**Commissioning arrangements** HSC Board/PHA mental health commissioning team – Addiction/NSD services sub-group
8	**Monitoring arrangements** HSC Board Medicine Management monitoring systems (facilitated by regional / local prescribing guidance and care pathway implementation / associated monitoring).
9	**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.