

1	<p>Treatment & Condition</p> <p>Degarelix for treating advanced hormone-dependent prostate cancer.</p>
2	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA404 (August 2016)</p> <p>Degarelix is recommended as an option for treating advanced hormone dependent prostate cancer in people with spinal metastases, only if the commissioner can achieve at least the same discounted drug cost as made available to the NHS in June 2016.</p>
3	<p>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</p> <p>It is the view of local clinicians that approximately 10 patients per annum would be eligible for treatment with degarelix.</p>
4	<p>Patient Access Scheme availability</p> <p>The company has agreed a nationally available price reduction for degarelix with the Commercial Medicines Unit. The company also has a commercial scheme available to clinical commissioning groups. The reduced prices are commercial in confidence.</p>
5	<p>Costs (before PAS if applicable)</p>
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Degarelix (Firmagon[®]) has a marketing authorisation in the UK for the 'treatment of adult male patients with advanced hormone-dependent prostate cancer'. It is administered as a subcutaneous injection.</p> <p>The starting dose of degarelix is 240mg administered as 2 subcutaneous injections of 120mg each, and the monthly maintenance dose is 80mg administered as 1 subcutaneous injection. The list price of 2x120mg vials is £260 and an 80mg vial is £129</p> <p>The company's estimate of a total course of treatment (including administration) is £12,300. The company estimated that, assuming treatment with degarelix continues until disease progression, the total time spent on treatment is 5.9 years. Costs will increase to approximately £14,800 assuming treatment with degarelix continues until death</p> <p>The company has agreed a nationally available price reduction for degarelix with the Commercial Medicines Unit. The company also has a commercial scheme available to clinical commissioning groups. The reduced prices are commercial in confidence and currently are unknown.</p>

5.2	<p>Infrastructure costs per patient per annum</p> <p>Any additional infrastructure costs associated with the introduction of new cancer therapies will be dealt with as part of the routine commissioning process.</p>
5.3	<p>Current in year costs</p> <p>According to the Resource Impact statement that accompanies NICE TA404, no resource impact is anticipated from this technology appraisal. Degarelix is another treatment option for advanced hormone-dependent prostate cancer in people with spinal metastases. Due to the small number of people who may have treatment, it is considered that clinical practice will not change substantially as a result of this guidance.</p> <p>Costs will be monitored via the cost per case mechanism.</p>
5.4	<p>Recurrent overall costs per annum (<i>including additional costs</i>)</p> <p>According to the Resource Impact statement that accompanies NICE TA404, no resource impact is anticipated from this technology appraisal. Degarelix is another treatment option for advanced hormone-dependent prostate cancer in people with spinal metastases. As there are a small number of people who may have treatment, it is considered that clinical practice will not change substantially as a result of this guidance.</p>
5.5	<p>Opportunities for cost savings and how these will be secured</p> <p>Cost savings are not anticipated.</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 regimen will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis for a period of 12 months. After this time, numbers of patients who received or are receiving treatment will be reviewed and consideration will be given to moving to recurrent funding to support this regimen.</p>
8	<p>Monitoring arrangements</p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications. HSCB routinely 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>

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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.