

1.	<p>Treatment & Condition</p> <p>Carfilzomib for previously treated multiple myeloma.</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance (TA457), July 2017</p> <p>Carfilzomib in combination with dexamethasone is recommended as an option for treating multiple myeloma in adults, only if:</p> <ul style="list-style-type: none"> • they have had only 1 previous therapy, which did not include bortezomib and • the company provides carfilzomib with the discount agreed in the patient access scheme.
3.	<p>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</p> <p>According to the Resource Impact Template that accompanies TA457, there will be 37 patients annually in Northern Ireland who will be treated with carfilzomib.</p> <p>However, it is a view of the local service that this is an over estimation as the number of patients not receiving previous treatment with bortezomib first line will be small. Based on current clinical practice it is the view of the local clinicians that approximately 10 patients per annum would receive treatment with Carfilzomib.</p>
4.	<p>Patient Access Scheme Availability</p> <p>(Yes/No)</p> <p>The company (Amgen) has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of carfilzomib with the discount applied at the point of purchase or invoice. The level of the discount is 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>The list price of carfilzomib is £1,056 for a 60mg vial (excluding VAT).</p> <p>Hence at the list price, the average cost per patient per cycle is £12,672.</p> <p>Based on assumptions made in the NICE guidance, patients receive an average of 16.5 cycles. Thus the cost per patient, per course is £209,088 at the list price.</p>
5.2	<p>Infrastructure costs 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>

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.</p> <p>HSCB currently 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>
9.	<p>DoH (NI) 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>