

1.	<p><b>Treatment &amp; Condition</b></p> <p>Obinutuzumab for untreated advanced follicular lymphoma</p>
2.	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance TA513 (March 2018)</p> <p>Obinutuzumab is recommended as an option for untreated advanced follicular lymphoma in adults (that is, first as induction treatment with chemotherapy, then alone as maintenance therapy), only if:</p> <ul style="list-style-type: none"> <li>• the person has a Follicular Lymphoma International Prognostic Index (FLIPI) score of 2 or more</li> <li>• the company provides obinutuzumab with the discount agreed in the patient access scheme</li> </ul>
3.	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>According to the Resource Impact Template that accompanies NICE TA513 and applying the assumptions used within it, it is expected that 18 people in NI annually will have induction treatment with obinutuzumab and 15 people will have maintenance treatment with obinutuzumab for this indication.</p>
4.	<p><b>Patient Access Scheme Availability</b></p> <p>(<u>Yes</u>/No)</p> <p>The company has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of obinutuzumab with the discount applied at the point of purchase or invoice. The level of the discount is commercial in confidence.</p>
5.	<p><b>Infrastructure Requirements</b></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><b>Expected implementation period</b></p> <p>There is no impediment to immediate implementation for new patients.</p>
7.	<p><b>Commissioning arrangements</b></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. Thereafter, 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>

<b>8.</b>	<p><b>Monitoring arrangements</b></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>
<b>9.</b>	<p><b>DoH (NI) Legislative/Policy Caveats</b></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>