

1.	<p><b>Treatment &amp; Condition</b></p> <p>Erenumab for preventing migraine.</p>																																										
2.	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance (TA682) Published: 10 March 2021  <a href="http://www.nice.org.uk/guidance/ta682">www.nice.org.uk/guidance/ta682</a></p> <p>Erenumab is recommended as an option for preventing migraine in adults, only if:</p> <ul style="list-style-type: none"> <li>• they have 4 or more migraine days a month</li> <li>• at least 3 preventive drug treatments have failed</li> <li>• the 140 mg dose of erenumab is used and</li> <li>• the company provides it according to the commercial arrangement</li> </ul> <p>Stop erenumab after 12 weeks of treatment if:</p> <ul style="list-style-type: none"> <li>• in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50%</li> <li>• in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%</li> </ul>																																										
3.	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <table border="1" data-bbox="261 1189 1441 1675"> <thead> <tr> <th><b>Erenumab for Chronic Migraine</b></th> <th><b>Year1</b></th> <th><b>Year2</b></th> <th><b>Year3</b></th> <th><b>Year4</b></th> <th><b>Year5</b></th> </tr> </thead> <tbody> <tr> <td>Cumulative uptake of people starting erenumab treatment</td> <td>20</td> <td>39</td> <td>59</td> <td>98</td> <td>137</td> </tr> <tr> <td>People starting treatment in year</td> <td>20</td> <td>20</td> <td>20</td> <td>39</td> <td>39</td> </tr> <tr> <td>People who start treatment in year and stop after 12 weeks</td> <td>11</td> <td>11</td> <td>11</td> <td>22</td> <td>22</td> </tr> <tr> <td>People who continue with treatment each year</td> <td>9</td> <td>9</td> <td>9</td> <td>18</td> <td>18</td> </tr> <tr> <td>People continuing treatment from previous years</td> <td>0</td> <td>9</td> <td>18</td> <td>26</td> <td>44</td> </tr> <tr> <td><b>Total patients</b></td> <td><b>9</b></td> <td><b>18</b></td> <td><b>26</b></td> <td><b>44</b></td> <td><b>62</b></td> </tr> </tbody> </table>	<b>Erenumab for Chronic Migraine</b>	<b>Year1</b>	<b>Year2</b>	<b>Year3</b>	<b>Year4</b>	<b>Year5</b>	Cumulative uptake of people starting erenumab treatment	20	39	59	98	137	People starting treatment in year	20	20	20	39	39	People who start treatment in year and stop after 12 weeks	11	11	11	22	22	People who continue with treatment each year	9	9	9	18	18	People continuing treatment from previous years	0	9	18	26	44	<b>Total patients</b>	<b>9</b>	<b>18</b>	<b>26</b>	<b>44</b>	<b>62</b>
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<b>Erenumab for Episodic Migraine</b>	<b>Year1</b>	<b>Year2</b>	<b>Year3</b>	<b>Year4</b>	<b>Year5</b>
Cumulative uptake of people starting erenumab treatment	24	48	71	95	119
People starting treatment in year	24	24	24	24	24
People who start treatment in year and stop after 12 weeks	13	13	13	13	13
People who continue with treatment each year	11	11	11	11	11
People continuing treatment from previous years	0	11	21	32	43
<b>Total patients</b>	<b>11</b>	<b>21</b>	<b>32</b>	<b>43</b>	<b>54</b>

<b>4.</b>	<p><b>Patient Access Scheme Availability</b></p> <p>(<u>Yes/No</u>)</p> <p>The company (Novartis Pharmaceuticals UK Ltd) has a commercial arrangement. This makes erenumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
<b>5.</b>	<p><b>Infrastructure Requirements</b></p> <p>Any additional infrastructure costs associated will be dealt with as part of the routine commissioning process.</p>
<b>6.</b>	<p><b>Expected implementation period</b></p> <p>There is no impediment to immediate implementation for new patients</p>
<b>7.</b>	<p><b>Commissioning arrangements</b></p> <p>This drug will be formally commissioned by 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>
<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>

	The Rural Needs Act NI 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the act.
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