Service Notification in response to DHSSPS endorsed NICE Technology Appraisals

Health and Social Care Board

NICE TA283 – Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion

1	**Summary of NICE TA 283** NICE recommends ranibizumab as an option for treating visual impairment due to macular oedema caused by retinal vein occlusion. Ranibizumab is recommended as an option for the treatment of people with macular oedema in the following circumstances: • Following central retinal vein occlusion (CRVO), **or** • Following branch retinal vein occlusion (BRVO) that has not responded to laser photocoagulation treatment or when laser photocoagulation is not suitable because of the extent of macular haemorrhage **and** • If the manufacturer provides ranibizumab with the discount agreed in the patient access scheme revised in the context of NICE technology appraisal guidance 274
2	**Number of people in Northern Ireland expected to take up service/therapy (new cases per year)** As per the the NICE costing template that accompanies TA283, the estimated eligible incident population in Northern Ireland eligible for treatment with ranibizumab is: • BRVO - 167 patients • CRVO - 205 patients The service will be introduced as part of the existing macular services for retinal vein occlusion currently provided in the Belfast and Western Trusts. The HSC Board will introduce detailed monitoring arrangements with both Trusts. The projected numbers will be subject to review over the next 12-24 months.
3	**Costs**
3.1	**Cost per patient per annum** This provision of this treatment for patients with RVO will include the costs of the drug and the infrastructure requirements associated with the delivery of the overall service to include screening, treatment and monitoring appointments. The list price of ranibizumab is £742.17. A discount on this price is available via a patient access scheme. The patient pathway is complex and involves a series of monthly appointments for monitoring and/or treatment as required.

The product information states that treatment should be given monthly and continued until maximum visual acuity is reached – that is, until visual acuity has been stable for 3 consecutive months. Thereafter, visual acuity should be monitored monthly. The cost per patient will therefore vary depending on individual response to treatment and the number of injections required by each patient.

The projected additional funding required for the treatment of 372 new patients per annum based on the proposed care pathway is set out in table 1 below.

Table 1

	Current Treatment cost	Cost of introducing TA283	Net additional funding required
	£000's	£000's	£000's
FYE	£1,133	£2,757	£1,624

The full year average increased cost per patient for 372 new patients equates to £4,366.

3.2 In year cost per patient per annum (for new and prevalent cases)

As outlined in 3.1, the full year effect additional funding required is £1.624m.

It is anticipated that this treatment will be introduced by both the Belfast and Western Trusts during the final quarter of 2013/14. This will reduce the in-year additional funding required. A total of £0.4m will be required to introduce this treatment during 2013/14.

3.3 Cost savings and how these will be secured

As outlined in table 1 in section 3.1 above, the current treatment costs for patients with this condition are estimated at £1.133m per annum. The cost of introducing the use of ranibizumab for this cohort of patients has been offset to reflect this saving.

A patient access scheme is available against the cost per vial of ranibizumab. The size of this discount is commercial in confidence. However, the HSC board will work with the two Trusts to ensure that both Trusts avail of this access scheme.

3.4 Recurrent overall cost

The NICE Costing Template indicates that (before application of PAS discount):

- estimated current cost of practice = £1.133m per annum
- estimated cost of future practice = £2.757m per annum

Therefore, the estimated recurrent net resource impact equates to £1.624m before application of the discount associated with the patient access scheme.

4	**Expected implementation period** The HSC Board will work with both Belfast and Western Trusts on the requirements for the introduction of this treatment. It is anticipated that both Trusts will have a service in place during the last quarter of 2013/14.
5	**Commissioning arrangements** Belfast and Western Trusts will be invited to submit Business Cases for the introduction of this treatment as part of wider macular service provision. Following agreement on the detail of the Business Cases submitted by both Belfast and Western Trust, this treatment will be consolidated into the commissioning arrangements in place for macular services.
6	**Monitoring arrangements** The HSC Board will incorporate detailed monthly monitoring arrangements for this regime within the existing arrangements with Belfast and Western Trusts for monitoring patients with retinal vein occlusion. This information will include: • Number of patients commenced on treatment • Number of new and review attendances • Number of ranibizumab injections administered. A monitoring report will be submitted to the Specialist Services Commissioning Team on a regular basis for formal review and comment by the team. Ongoing meetings between the HSC Board, PHA and both Trusts will continue as the service is introduced.
7	**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.