

NICE TA 290 – Mirabegron for treating symptoms of overactive bladder

<p>1</p>	<p>Summary of NICE TA 290</p> <p>Mirabegron is an option for treating the symptoms of overactive bladder only in people in whom anti-muscarinic drugs are contraindicated or clinically ineffective or have unacceptable side effects. Mirabegron is an additional choice for treatment in a group of patients that have had very few effective treatment choices. However, the costing estimates that only about a third of people trying Mirabegron will have sufficient effect for them to continue long-term with the drug.</p> <p>The costing template models on the assumption that no-one is currently on Mirabegron and that 50% of those needing it in the future will require a specialist consultation. This has implications for commissioning of both urology and gynaecology. The guidance does not give any indication whether some of this cohort would have needed an OPD even if Mirabegron was not available. The guidance also indicates that a large proportion of people with an overactive bladder do not take drug treatment. The NICE costing assumes that none of these patients are seen in secondary care, however this is unlikely.</p>
<p>2</p>	<p>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</p> <p>The NICE model estimates that 164,169 people in NI have an overactive bladder. Of these, 97,596 have consulted a doctor and 71,245 of those have never had any of the currently available treatments. Of those who try treatment, 19,415 will discontinue it. NICE estimates approximately 12,620 are likely to discuss their overactive bladder with their GP again and of these, in the future, 20% will be recommended to try Mirabegron. This is 2524 people in NI. Of these 2524 only 795 will continue with Mirabegron. It is estimated that 50% of the 2,524 patients will require a specialist consultation.</p>
<p>3</p>	<p>Costs</p> <p>The standard NICE costing template estimates drug costs at £581k and that the additional 1262 consultations will be required. It is assumed that any additional consultations will be delivered from within existing funded capacity.</p>
<p>3.1</p>	<p>Drug cost per patient per annum</p> <p>For the 795 patients who continue with the drug the unit cost is £352.72 per annum per patient.</p> <p>The cost of a trial for treatment with Mirabegron for the 1729 people per year who</p>

	discontinue is £173.76 per patient.
3.2	In year costs If uptake commences from 1 January 2014 the drug cost will be approximately £145k.
3.3	Infrastructure Costs per annum It is assumed that any infrastructure costs associated with TA 290 will be delivered from within existing funding capacity.
3.3	Cost savings and how these will be secured There are no anticipated cost savings. The current service provision is estimated at £0 therefore the estimated costs are all additional costs.
3.4	Recurrent overall cost The estimated cost per annum is £581k.
4	Expected implementation period The NICE costing template identifies a period of up to a year to implement to the level of costs it estimates.
5	Commissioning arrangements The additional specialist consultations will be monitored via an on-going review of demand identified as part of the SBA monitoring. If necessary SBAs will be revised to take account of the demand once it is established if it is creating pressures across gynaecology and urology specialist clinics.
6	Monitoring arrangements Monitoring of prescriptions and drug costs in primary and secondary care. SBA monitoring
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.

