Service Notification in response to DHSSPS endorsed NICE Technology Appraisals

Health and Social Care Board

NICE TA 293 – Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura (review of TA 205)

1 Summary of NICE TA 293

Eltrombopag is recommended as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura (ITP), within its marketing authorisation (that is, in adults who have had a splenectomy and whose condition is refractory to other treatments, or as a second-line treatment in adults who have not had a splenectomy because surgery is contraindicated), only if:

- their condition is refractory to standard active treatments and rescue therapies, **or**
- they have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies, **and**
- the manufacturer provides eltrombopag with the discount agreed in the patient access scheme.

This guidance replaces NICE TA205 issued in October 2010.

2 Number of people in Northern Ireland expected to take up service/therapy (new cases per year)

Estimated number of people eligible to use a thrombopoietin receptor agonist to treat chronic ITP

Description	% of people	Number of people in NI
Number of people who are 18 years and over	**79%**	1,422,000
Number of people who have ITP (UK prevalence)	**0.05%**	711
Number of people who require treatment	**60%**	427
Number of people in whom first-line treatment is unsuccessful	**67%**	286
Number of people who require long-term treatment	**40%**	114
Number of people eligible to use a thrombopoietin receptor agonist	**15%**	17

Thus in Northern Ireland there is likely to be 17 people who would be eligible for treatment with either Romiplostim **or** Eltrombopag.

3 Costs

3.1 Cost per patient per annum

Eltrombopag has a list price of £1540 for 28 × 50 mg tablets. The cost of Eltrombopag per patient per annum is difficult to quantify. The dosing requirements for Eltrombopag must be individualised based on the patient's platelet counts. Based on a recommended starting dose of 50 mg once daily, the average annual cost of Eltrombopag is £20,075.

	Eltrompobag can be used as an alternative to Romiplostim and the costing template for TA221 –romiplostim estimates that the average annual cost of romiplostim to be £24,100. These figures use drug costs before applying any negotiated procurement discounts, such as the confidential patient access schemes for eltrombopag and romiplostim. Note the net cost per patient for Romiplostim after offsetting the alternative rescue treatment is around £3k. Eltrompobag is assumed to be approximately the same net cost as it is an alternative to Romiplostim. The manufacturers of Eltrombopag have agreed a patient access scheme (PAS) with the Department of Health. This involves a confidential discount applied to the list price of each drug. The level of the discount is commercial in confidence. Trusts will be expected to avail of this discount.
3.2	**In year cost per patient per annum (for new and prevalent cases)** The net in year cost is approximately £3k per patient
3.3	**Cost savings and how these will be secured** NICE suggest that use of this therapy will result in the reduction of other rescue therapies and thus there will be a direct offset on drug acquisition costs which have been taken account of in the above projected net cost.
3.4	**Recurrent overall cost** The costing statement issued by NICE for TA293 Eltrombopag advises that this drug will be used as an alternative to Romiplostim. The cost for Romiplostim is currently being incurred in the CPC budget and is not expected to increase with the introduction of Eltrombopag. There is not expected to be any increase in volume of total patients. The net treatment cost for Eltrombopag is approximately £3k per patient and £51k per annum in total (based on 17 patients).
4	**Expected implementation period** There is no impediment to immediate implementation for new patients.
5	**Commissioning arrangements** As the number of patients eligible for this treatment will be small and it is not possible to predict hospital location of local uptake, commissioning of this regime will be via a cost per case mechanism. Clinicians will be able to apply on a cost per case basis for either use of Eltrompobag or Romiplostim as clinically appropriate.

6	**Monitoring arrangements** Monitoring will be via a review of the cost per case data on a quarterly basis. SSCT has a long-established working relationship with NICaN D&T committee. Service monitoring including the review of the quarterly monitoring of data returns is a key function of this group. Progress with the implementation of this regime will be formally reported at the annual presentation by the NICaN D&T committee to the Specialist Services Commissioning Team.
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.