

**NICE TA 294 – Aflibercept solution for injection for treating wet age-related macular degeneration**

1	<p><b>Summary of NICE TA 294</b></p> <p>NICE recommends the use of Aflibercept solution as an option for treating wet age-related macular degeneration (wAMD) only if:</p> <ul style="list-style-type: none"> <li>• it is used in accordance with the recommendations for ranibizumab in NICE technology appraisal guidance 155 (re-issued in May 2012) <b>and</b></li> <li>• the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme.</li> </ul>
2	<p><b>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</b></p> <p>By applying the NICE costing template that accompanies TA 294 to the Northern Ireland population, 30% of the population currently treated for wAMD in addition to new referrals into the service will be eligible for treatment with aflibercept.</p>
3	<p><b>Costs</b></p>
3.1	<p><b>Cost per patient per annum</b></p> <p>The recommended dose for aflibercept is 2 mg and that treatment should be given monthly for 3 consecutive doses, followed by 1 injection every 2 months. The list price of aflibercept is £816 per dose. Hence, the cost of the first year’s treatment is £5712 (7 doses) per patient.</p> <p>After the first 12 months of treatment, the treatment interval may be extended based on visual and anatomic outcomes. In this case the schedule for monitoring should be determined by the treating doctor and the annual average cost per patient will be reduced.</p> <p>The manufacturer of aflibercept solution for injection has agreed a patient access scheme with the Department of Health. This involves a confidential discount applied to the list price of aflibercept solution for injection. The level of the discount is commercial in confidence. However, it is expected that the patient access scheme discount will mean that this therapy is available at a similar unit cost per patient as the other treatments currently available for patients with wAMD.</p>
3.2	<p><b>In year cost per patient per annum (for new and prevalent cases)</b></p> <p>The in-year costs of implementing this therapy will be available from the funding already allocated to Trusts for the predicted growth in patient numbers in this area.</p>

3.3	<p><b>Cost savings and how these will be secured</b></p> <p>The NICE costing template assumes that 30% of patients will switch from Ranibizumab to Abflibercept over the next 5 years. The drug costs remain neutral but drug administration and monitoring costs are forecast to reduce by £169,000 by year 5.</p> <p>The future savings will reduce the need for additional investment as patient numbers grow</p>
3.4	<p><b>Recurrent overall cost</b></p> <p>There is no difference in the drug cost of the new regime. In-year 2013/14 costs will be covered from funding already allocated to Trusts.</p>
4	<p><b>Expected implementation period</b></p> <p>There is no impediment to immediate implementation for new patients.</p>
5	<p><b>Commissioning arrangements</b></p> <p>This regime will be formally commissioning from the Belfast and Western Trusts by the HSCB/PHA via the Specialist Services Commissioning Team. This regime will be consolidated into the commissioning arrangements in place for macular services.</p>
6	<p><b>Monitoring arrangements</b></p> <p>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 wAMD. This information will include:</p> <ul style="list-style-type: none"> <li>• Number of new and review attendances</li> <li>• Number of aflibercept injections administered.</li> </ul> <p>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.</p>
7	<p><b>DHSSPS 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>