HSCB Service Notification for the managed entry of new medicines and technologies

1	**Treatment & Condition** *(Title)* Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy (including review of TA142)
2	**Associated appraisal body** *(NICE/SMC/Other)* ***&*** **Summary of ruling** *(to include indication, restrictions, other relevant information)* NICE Technology Appraisal Guidance 323 (November 2014) This guidance replaces Epoetin alfa, epoetin beta and darbepoetin alfa for cancer treatment-induced anaemia (NICE technology appraisal guidance 142, issued in May 2008). TA142 recommended erythropoietin analogues plus intravenous iron as an option for managing cancer treatment-induced anaemia in women having platinum-based chemotherapy for ovarian cancer and who have symptoms associated with anaemia and a haemoglobin concentration of 80 g/litre or lower. Erythropoiesis-stimulating agents (epoetin alfa, beta, theta and zeta, and darbepoetin alfa) are recommended, within their marketing authorisations, as options for treating anaemia in people with cancer who are having chemotherapy. If different erythropoiesis-stimulating agents are equally suitable, the product with the lowest acquisition cost for the course of treatment should be used.
3	**Number of people in Northern Ireland expected to take up service/therapy** *(including new cases per year)* According to the Costing Template that accompanies NICE TA323, each year 2,625 people in Northern Ireland develop anaemia while on chemotherapy. Of these, 1,313 people go on to receive an erythropoiesis-stimulating agent.
4	**Patient Access Scheme availability** There is no Patient Access Scheme associated with NICE TA323. However, these products are subject to contract negotiations around pricing so that Trusts may be able to achieve a discount to the list price. The level of discount offered by each manufacturer is commercial in confidence.
5	**Costs** *(before PAS if applicable)*

5.1 **Drug cost per patient per annum (for new and prevalent cases)**

Table 1: Cost per 12 week course

Product	Cost per 12 week course (£)
Epoetin alfa: (Eprex® Binocrit®)	 1,641 1,285
Epoetin beta: NeoRecormon®	 2,609
Epoetin theta: Eporatio®	 1,643
Epoetin zeta: Retacrit®	 1,680
Darbepoetin alfa: Aranesp®	 2,489

The above costs are the list prices for each drug. Recent engagement with Trusts has indicated that an approximate discount of 60% is achieved via Trust procurement processes.

5.2 **Infrastructure costs per patient per annum**

Both regimes are available in pre-filled syringes and are administered by subcutaneous injection. NICE suggest that the introduction of this regime will result in a significant reduction in blood transfusions and thus a possible reduction in infrastructure requirements.

The regional service impact process will assess the net infrastructure costs for this regime with reference to the wider consideration of introducing the regime to include management of toxicity etc.

5.3 **Current in year costs**

Current in-year costs will be met via a cost per case mechanism until a recurrent allocation is made against this TA. The estimated cost in 2015/16 is £535k. This assumes a phased uptake throughout the year.

5.4 **Recurrent overall costs per annum** *(including additional costs)*

Based on the Costing Template that accompanies NICE TA323, it is estimated that fully implementing this guidance in Northern Ireland would result in an additional annual cost of around £2.414m per annum.

The £2.414m is net of savings in blood transfusions following provision of these drugs. The NICE Costing Template uses the list price before application of any discounts that Trusts may be able to secure. It is estimated that Trusts will acquire these drugs at a 60% discount.

With the 60% discount, the additional cost of drugs is estimated at £1m. Drug

	administration costs and blood tests is estimated to cost a further £211k, taking total additional costs to £1.2m However there is estimated offsetting savings of £320k for reduced blood transfusions. The reduced blood transfusions should release £130k of staff time that can be used to administer the drugs. This should reduce costs from £1.2m to £1.070m
5.5	**Opportunities for cost savings and how these will be secured** According to the Costing Template that accompanies NICE TA323, it is expected that implementation of this guidance will result in savings in blood transfusions in the order of £130k per annum.
6	**Expected implementation period** There is no impediment to immediate implementation.
7	**Commissioning arrangements** This regime will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team for use in the Cancer Centre and Units. Given the variance between the NICE costing template and the local position with regards to the financial requirements associated with this TA, funding will be allocated on a non-recurrent basis in year 1 on a proportionate split across the region. Expenditure against this TA will be monitored on a quarterly basis via the regional use of pharmacy supplies report. A recurrent allocation will be made in year 2 against actual expenditure.
8	**Monitoring arrangements** HSCB currently reviews quarterly monitoring information in relation to the usage of all recurrently funded specialist cancer drugs across both the Cancer Centre and other Units. The monitoring pro forma will be adapted to capture information in respect of this regimen and this group of patients. This monitoring report is submitted to the Specialist Services Commissioning Team for formal review and comment by the Team.
9	**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.