

1	<p><b>Treatment &amp; Condition</b></p> <p>Rifaximin for preventing episodes of overt hepatic encephalopathy</p>
2	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE technology appraisal guidance 337 (March 2015)</p> <p>Rifaximin is recommended, within its marketing authorisation, as an option for reducing the recurrence of episodes of overt hepatic encephalopathy in people aged 18 years or older.</p>
3	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>Based on the Costing Statement that accompanies TA337, it is estimated that approximately 400 patients in Northern Ireland would be eligible for treatment.</p> <p>The standard treatment for patients with this condition is lactulose. At present in Northern Ireland around 95% of the eligible population are receiving treatment. Of this number, around 200 patients or 50% are already receiving rifaximin with or without lactulose. NICE anticipates that the proportion of patients receiving rifaximin will increase by approximately 20% by year 3. This would mean approximately 300 patients on treatment in Northern Ireland.</p>
4	<p><b>Patient Access Scheme availability</b></p> <p>Not applicable</p>
5	<p><b>Costs</b> (<i>before PAS if applicable</i>)</p>
5.1	<p><b>Drug cost per patient per annum (for new and prevalent cases)</b></p> <p>Rifaximin is available as 550 mg film-coated tablets at a net price of £259.23 per 56-tablet pack. It is administered orally at a recommended dose of 550 mg twice daily. The estimated annual average cost of treatment is £3,370.</p> <p>Costs may vary in different settings because of negotiated procurement discounts.</p>
5.2	<p><b>Infrastructure costs per patient per annum</b></p> <p>It is recognised from the NICE guidance that there may be some infrastructure requirements associated with the introduction of this therapy. The HSC Board does not anticipate that this will be a significant resource and will work with clinicians to identify how the requirements compare to current infrastructure needs.</p>
5.3	<p><b>Current in year costs</b></p> <p>Based on discussions with local clinicians it is expected that there will be a growth in the number of patients accessing this therapy in 2015/16. The cost impact across</p>

	<p>primary and secondary care is projected to rise to approximately £330k by year 3. In year costs in 2015/16 will be approximately £50k.</p>
<b>5.4</b>	<p><b>Recurrent overall costs per annum</b> (<i>including additional costs</i>)</p> <p>Based on the information contained in the NICE costing template and information available on the current position in Northern Ireland it is anticipated that the use of this therapy will increase year on year and is anticipated to plateau by year 3. The estimated additional cost for Northern Ireland by year 3 will be £330k.</p>
<b>5.5</b>	<p><b>Opportunities for cost savings and how these will be secured</b></p> <p>Implementation of NICE TA337 will lead to additional costs due to introduction of this therapy. The NICE guidance for TA337 indicates that there may be savings from avoiding or reducing the length of stay of hospital admissions.</p> <p>The Board will consider the most appropriate approach to assessing savings in conjunction with the clinical colleagues in secondary care.</p>
<b>6</b>	<p><b>Expected implementation period</b></p> <p>This therapy is currently available for use in Northern Ireland. The increase in the number of patients accessing this therapy is expected to take place from the fourth quarter of 2015/16.</p>
<b>7</b>	<p><b>Commissioning arrangements</b></p> <p>This drug is already available for use in Northern Ireland. The Board will work with colleagues in primary and secondary care to identify any increase in expenditure associated with the introduction of this NICE TA.</p>
<b>8</b>	<p><b>Monitoring arrangements</b></p> <p>Any increase in expenditure in respect of this therapy can be monitored from Trust pharmacy reports or from the HSC Board primary care prescribing data.</p>
<b>9</b>	<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>