

1	<p>Treatment & Condition (<i>Title</i>)</p> <p>Bortezomib (Velcade®) for previously untreated mantle cell lymphoma</p>
2	<p>Associated appraisal body (<i>NICE/SMC/Other</i>) & Summary of ruling (<i>to include indication, restrictions, other relevant information</i>)</p> <p>NICE Technology Appraisal guidance TA370 (December 2015)</p> <p>Bortezomib is recommended, within its marketing authorisation, as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable.</p>
3	<p>Number of people in Northern Ireland expected to take up service/therapy (<i>including new cases per year</i>)</p> <p>According to the Resource Impact template that accompanies TA370, it is estimated that approximately 7 people would be eligible for treatment with bortezomib for this indication each year in Northern Ireland.</p>
4	<p>Patient Access Scheme availability</p> <p>Not applicable</p>
5	<p>Costs (<i>before PAS if applicable</i>)</p>
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Bortezomib costs £762.38 for a 3.5-mg vial. Bortezomib should be given by intravenous or subcutaneous injection at the recommended dose of 1.3 mg/m² body surface area twice weekly for 2 weeks on days 1, 4, 8, and 11, followed by a 10-day rest period on days 12–21. This 3-week period is considered a treatment cycle. Six cycles are recommended, although for people with a response first documented at cycle 6, 2 additional cycles may be given.</p> <p>If the following are assumed to be average: Height: 1.75m Body weight: 77.2kg Body surface area: 1.94m²</p> <p>Then, at a dose of 1.3mg/m², 2.5mg (1 vial) will be given at each dose and 10mg (4vials) will be needed for each cycle.</p> <p>Thus each dose costs £762.38 and each cycle costs £3049.52. As above, 6 cycles of treatment are recommended, thus a course of treatment will cost £18,297.12 per patient.</p>

5.2	<p>Infrastructure costs per patient per annum</p> <p>Any additional infrastructure costs associated with the introduction of new cancer therapies will be dealt with as part of the routine commissioning process.</p>
5.3	<p>Current in year costs</p> <p>The current in year costs will be covered via the cost per case arrangement.</p>
5.4	<p>Recurrent overall costs per annum <i>(including additional costs)</i></p> <p>The NICE costing template estimates recurrent net costs of £96k for 7 patients.</p>
5.5	<p>Opportunities for cost savings and how these will be secured</p> <p>Cost savings are not anticipated.</p>
6	<p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p>
7	<p>Commissioning arrangements</p> <p>This drug will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis for a period of 12 months. After this time, numbers of patients who received or are receiving treatment will be reviewed and consideration will be given to moving to recurrent funding to support this regime.</p>
8	<p>Monitoring arrangements</p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications.</p> <p>HSCB currently routinely reviews quarterly monitoring information in relation to the usage of all recurrently funded specialist cancer drugs across both the Cancer Centre and other Units.</p> <p>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.</p>
9	<p>DHSSPS Legislative/Policy Caveats</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>