

1	<p><b>Treatment &amp; Condition</b></p> <p>Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia (review of TA132)</p>
2	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance (TA 385) February 2016</p> <p>This guidance provides evidence-based recommendations on ezetimibe (Ezetrol) for treating primary heterozygous-familial and non-familial hypercholesterolaemia.</p> <p>Ezetimibe (Ezetrol) on its own is recommended as a possible treatment for adults with primary (heterozygous-familial or non-familial) hypercholesterolaemia who cannot begin statin therapy because it is not clinically appropriate or the patient are unable to tolerate statins.</p> <p>Ezetimibe is also recommended as a possible additional treatment for adults with primary (heterozygous-familial or non-familial) hypercholesterolaemia who have already started statin therapy and/or:</p> <ul style="list-style-type: none"> <li>• their serum total or low-density lipoprotein (LDL) cholesterol concentration is not well controlled and</li> <li>• a change from this statin to another statin is being considered.</li> </ul> <p>The guidance updates and replaces NICE Technology Appraisal TA132 - Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolaemia.</p>
3	<p><b>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</b></p> <p>No resource impact is anticipated because the recommendations have not significantly changed from the previous NICE guidance</p> <p>(ref: Resource impact report: Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia, TA385, Feb 16)</p>
4	<p><b>Patient Access Scheme availability</b></p> <p>N/A</p>
5	<p><b>Costs (before PAS if applicable)</b></p>
5.1	<p><b>Drug cost per patient per annum (for new and prevalent cases)</b></p> <p>Ezetimibe 10mg tablets 28 tablet = £26.31 (Ezetrol) –Drug Tariff NI (June 2016)</p>

	<p>This tablet is taken once daily.</p> <p>Annual costs for 12 months for 1 patient = £342.03</p>
<b>5.2</b>	<p><b>Infrastructure costs per patient per annum</b></p> <p>There is no extra monitoring required for ezetimibe compared to statins or other lipid lowering drugs. In primary care the annual monitoring requirement is for cholesterol alone regardless of drug choice.</p>
<b>5.3</b>	<p><b>Current in year costs</b></p> <p>No resource impact is anticipated as the recommendations have not significantly changed from the previous NICE guidance.</p>
<b>5.4</b>	<p><b>Recurrent overall costs per annum</b> (<i>including additional costs</i>)</p> <p>No resource impact is anticipated as the recommendations have not significantly changed from the previous NICE guidance.</p>
<b>5.5</b>	<p><b>Opportunities for cost savings and how these will be secured</b></p> <p>There will be no cost savings expected as generic statins will remain the first line treatment option and are significantly less expensive. (28 tabs of atorvastatin 20mg = £1.12 compared to 28 tabs of ezetimibe = £26.31)</p>
<b>6</b>	<p><b>Expected implementation period</b></p> <p>There are no anticipated barriers to implementation.</p>
<b>7</b>	<p><b>Commissioning arrangements</b></p> <p>There is no additional resource required</p>
<b>8</b>	<p><b>Monitoring arrangements</b></p> <p>The HSCB will monitor the implementation of TA 385 through the formal bi-monthly monitoring process.</p>
<b>9</b>	<p><b>DHSSPS Legislative/Policy Caveats</b> (<i>NICE guidance only</i>)</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>