

1	<p>Treatment & Condition</p> <p>Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin</p>
2	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA402 (August 2016)</p> <p>Pemetrexed (Alimta[®]) is recommended as an option for the maintenance treatment of locally advanced or metastatic non-squamous non-small-cell lung cancer in adults when:</p> <ul style="list-style-type: none"> • their disease has not progressed immediately after 4 cycles of pemetrexed and cisplatin induction therapy • their Eastern Cooperative Oncology Group (ECOG) performance status is 0 or 1 at the start of maintenance treatment and • the company provides the drug according to the terms of the commercial access agreement
3	<p>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</p> <p>According to the standard assumptions outlined within the NICE template, 19 patients are expected to be eligible for treatment; however this number has been adjusted to 15 to reflect local circumstances.</p>
4	<p>Patient Access Scheme availability</p> <p>Pemetrexed will be available to the NHS through a commercial access agreement which makes it available with a discount. The discounted price is commercial in confidence.</p>
5	<p>Costs (before PAS if applicable)</p>
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Pemetrexed has a marketing authorisation as 'monotherapy for the maintenance treatment of locally advanced or metastatic non-small-cell lung cancer (NSCLC) other than predominantly squamous cell histology in patients whose disease has not progressed immediately following platinum-based chemotherapy'.</p> <p>The recommended dose of pemetrexed is 500 mg/m² of body surface area; it is administered as an intravenous infusion over 10 minutes on the first day of each 21-day cycle.</p> <p>The list price for pemetrexed is £160 for a 100mg vial and £800 for a 500mg vial. Using the company's estimated average body surface area of 1.79m² the drug cost for each treatment cycle is £1,440. Because treatment continues until disease progression or toxicity, the number of cycles varies; in the clinical trial the mean</p>

	<p>number of cycles for maintenance treatment was 7.86. Therefore, assuming 8 cycles of treatment, the average total treatment cost is approximately £11,520.</p> <p>The company has agreed a commercial access agreement that makes pemetrexed available at a reduced cost for continuation maintenance treatment (that is, pemetrexed maintenance after pemetrexed and cisplatin induction therapy). The financial terms of the agreement are commercial in confidence.</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>In year costs will depend on the number of patients seen. Based on 15 patients receiving the treatment, approximate drug costs will be £65,000.</p>
5.4	<p>Recurrent overall costs per annum <i>(including additional costs)</i></p> <p>Based on 15 patients the estimated recurrent cost as per the NICE Resource Impact Template is £207,000 (before any discount is applied).</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 implementation for new patients.</p>
7	<p>Commissioning arrangements</p> <p>This regimen 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 regimen.</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>

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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.