

1.	<p>Treatment & Condition</p> <p>Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib.</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA427 (January 2017)</p> <p>Pomalidomide, in combination with low-dose dexamethasone, is recommended as an option for treating multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib, only when the company provides pomalidomide with the discount agreed in the patient access scheme.</p> <p>TA427 is a review of TA338, which did not recommend pomalidomide for this indication.</p>
3.	<p>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</p> <p>The number of people in Northern Ireland estimated to have pomalidomide each year for this indication (based on the NICE Resource Impact template that accompanies TA427) is 18.</p> <p>This estimate is supported by local clinicians.</p>
4.	<p>Patient Access Scheme Availability</p> <p>(Yes/No)</p> <p>The manufacturer of pomalidomide has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of pomalidomide with the discount applied at the point of purchase or invoice. The level of the discount 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>Pomalidomide is administered orally. The recommended starting dosage of pomalidomide is 4mg once daily taken orally on days 1 to 21 of repeated 28-day cycles.</p> <p>Pomalidomide is available at a list price of £8,884 per 21-tablet pack (excluding VAT): 1 mg, 2 mg, 3 mg and 4 mg. The average cost of a course of treatment is £44,420 (5 cycles).</p>

5.2	<p>Infrastructure costs 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>
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 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>
9.	<p>DoH (NI) 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>