

1.	<p>Treatment & Condition</p> <p>Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance (TA449) June 2017</p> <p>Everolimus and sunitinib are recommended, within their marketing authorisations, as options for treating well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease.</p> <p>Everolimus is recommended, within its marketing authorisation, as an option for treating well-differentiated (grade 1 or grade 2) non-functional unresectable or metastatic NETs of gastrointestinal or lung origin in adults with progressive disease.</p> <p>Everolimus is recommended only when the company provides it with the discount agreed in the patient access scheme.</p>
3.	<p>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</p> <p>According to the Resource Impact Template that accompanies TA449, prevalence of neuroendocrine tumours (NETs) in Northern Ireland is 496. Of these:</p> <ul style="list-style-type: none"> • 50 are cases of pancreatic NETs (32 of which are unresectable) • 124 are cases of lung NETs (35 of which are unresectable) and • 323 are cases of gastrointestinal NETs (68 of which are unresectable) <p>Of these:</p> <ul style="list-style-type: none"> • 3 patients with unresectable pancreatic NETs would get everolimus • 3 patients with unresectable pancreatic NETs would get sunitinib • 6 patients with unresectable lung NETs would get everolimus • 12 patients with unresectable gastrointestinal NETs would get everolimus <p>Thus, the total expected numbers of patients being treated under this guidance is: 24 patients</p>
4.	<p>Patient Access Scheme Availability</p> <p>(Yes/No)</p> <p><u>Everolimus</u></p> <p>The company (Novartis) has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of everolimus with the discount applied at the point of purchase or invoice. The level of the discount is commercial in confidence.</p>

	<p><u>Sunitinib</u> The appraisal of sunitinib for this indication considered only the list price of sunitinib</p>
5.	Costs (<i>before PAS if applicable</i>)
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p><u>Everolimus</u> Everolimus is taken orally, 10mg once daily. The list price is £2,673 per 30 tablet (10mg) pack (excluding VAT). Therefore the cost per patient, per annum = £32,521.50</p> <p><u>Sunitinib</u> Sunitinib is taken orally, 37.5mg once daily. The list price is £784.70 per 28 capsule (12.5mg) pack and £1,568.40 per 28 capsule (25mg) pack (excluding VAT). Therefore the cost per patient, per annum = £30,674.34</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.

DoH (NI) 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.