

<p>1.</p>	<p><b>Treatment &amp; Condition</b></p> <p>Reslizumab for treating severe eosinophilic asthma</p>
<p>2.</p>	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance TA479 (October 2017)</p> <p>Reslizumab, as an add-on therapy, is recommended as an option for the treatment of severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids plus another drug, only if:</p> <ul style="list-style-type: none"> <li>• the blood eosinophil count has been recorded as 400 cells per microlitre or more</li> <li>• the person has had 3 or more severe asthma exacerbations needing systemic corticosteroids in the past 12 months and</li> <li>• the company provides reslizumab with the discount agreed in the patient access scheme</li> </ul> <p>At 12 months:</p> <ul style="list-style-type: none"> <li>• stop reslizumab if the asthma has not responded adequately or</li> <li>• continue reslizumab if the asthma has responded adequately and assess response each year</li> </ul> <p>An adequate response is defined as:</p> <ul style="list-style-type: none"> <li>• a clinically meaningful reduction in the number of severe exacerbations needing systemic corticosteroids or</li> <li>• a clinically significant reduction in continuous oral corticosteroid use while maintaining or improving asthma control</li> </ul>
<p>3.</p>	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b> <i>(including new cases per year)</i></p> <p>According to the NICE Resource Impact Template that accompanies TA479, it is expected that 72 people will be treated with reslizumab annually in Northern Ireland.</p> <p>However, local clinical advice indicates that the population for this drug is broadly similar to the population for mepolizumab – refractory eosinophilic asthma.</p> <p>This drug requires intravenous infusion and for patients who qualify for both drugs, local clinicians will opt initially for mepolizumab.</p>
<p>4.</p>	<p><b>Patient Access Scheme Availability</b></p> <p><b>(Yes/No)</b></p> <p>The company (Teva) has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of reslizumab, with</p>

	the discount applied at the point of purchase or invoice. The level of the discount is commercial in confidence.
<b>5.</b>	<b>Costs</b> ( <i>before PAS if applicable</i> )
<b>5.1</b>	<p><b>Drug cost per patient per annum (for new and prevalent cases)</b></p> <p>Reslizumab (Cinqaero<sup>®</sup>) is given as an intravenous infusion based on body weight once every 4 weeks. For patients between 35kg and 199kg the recommended dose is achieved using a vial-based dosing scheme. For patients below 35kg or above 199kg the recommended dose is 3mg/kg body weight.</p> <p>The list price is £499.99 per 100mg vial and £124.99 per 25mg vial (ex VAT).</p> <p>Assuming an average body weight of 77.99kg, the average annual cost per patient per annum at the list price is £15,248.78 (as calculated using the NICE Resource Impact Template that accompanies TA479)</p>
<b>5.2</b>	<p><b>Infrastructure costs Per annum</b></p> <p>Uptake of this treatment will be monitored on a cost per case basis and the HSC Board will work with clinicians to identify any additional infrastructure requirements to support the implementation of this treatment regime.</p>
<b>6.</b>	<p><b>Expected implementation period</b></p> <p>This therapy is currently available in Northern Ireland on a cost per case basis. It is expected that this therapy will be formally commissioned during 2017/18.</p>
<b>7.</b>	<p><b>Commissioning arrangements</b></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.</p>
<b>8.</b>	<p><b>Monitoring arrangements</b></p> <p>The Belfast Trust will be required to provide regular updates to the Specialist Services Commissioning Team on the number of patients receiving treatment with reslizumab and the associated drug costs.</p>
<b>9.</b>	<p><b>DoH (NI) Legislative/Policy Caveats</b></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>