

<p>1.</p>	<p>Treatment & Condition</p> <p>Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer</p>
<p>2.</p>	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA528 (July 2018)</p> <p>Niraparib (Zejula[®]) is recommended for use within the Cancer Drugs Fund as an option for treating relapsed, platinum-sensitive high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to the most recent course of platinum-based chemotherapy in adults, only if:</p> <ul style="list-style-type: none"> • they have a germline BRCA mutation and have had 2 courses of platinum-based chemotherapy or • they do not have a germline BRCA mutation and have had 2 or more courses of platinum-based chemotherapy and • the conditions in the managed access agreement for niraparib are followed. <p>This recommendation is not intended to affect treatment with niraparib that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.</p>
<p>3.</p>	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>According to the NICE Resource Impact Statement that accompanies TA528, it is estimated that around 750 people per year in England are eligible for treatment. Extrapolated to the Northern Ireland population, this equates to 26 people per year in Northern Ireland who would be eligible for treatment.</p>
<p>4.</p>	<p>Patient Access Scheme Availability</p> <p>(<u>Yes</u>/No)</p> <p>The company (Tesarro UK) has a managed access arrangement. This makes niraparib available to the NHS with a discount. The size of the discount is commercial in confidence.</p> <p>HSC Trusts will be required to claim all relevant reimbursements or discounts that form part of the managed access arrangement.</p>
<p>5.</p>	<p>Infrastructure Requirements</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 on a cost-per-case (CPC) basis for as long as NICE indicates that funding via the Cancer Drugs Fund is appropriate.</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 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> <p>Numbers of patients who received or are receiving treatment will be monitored by the HSC Board and reported to the Department of Health.</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> <p>The Rural Needs Act (NI) 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the Act.</p>