HSCB Service Notification for the managed entry of new medicines and technologies

Health and Social Care Board

1.	**Treatment & Condition** Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer
2.	**Associated appraisal body *&* Summary of ruling** NICE Technology Appraisal guidance (TA584) June 2019 Atezolizumab plus bevacizumab, carboplatin and paclitaxel is recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults: • who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or • when targeted therapy for epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive NSCLC has failed. It is recommended only if: • atezolizumab and bevacizumab are stopped at 2 years of uninterrupted treatment, or earlier if there is loss of clinical benefit (for atezolizumab) or if the disease progresses (for bevacizumab) and • the company provides atezolizumab and bevacizumab according to the commercial arrangements.
3.	**Number of people in Northern Ireland expected to take up service/therapy** According to the Resource Impact Template that accompanies NICE TA584, it is estimated that 143 people per year in Northern Ireland would be eligible for treatment with atezolizumab for this indication as recommended by NICE TA584. However it is the view of local clinicians that this number is very high. It was felt that approximately 5 patients per annum would be eligible for treatment as there are a number of treatment options for advanced NSCLC.
4.	**Patient Access Scheme Availability** (**Yes**/No) The company (Roche) has commercial arrangements. This makes atezolizumab and bevacizumab available to the NHS with a discount. The size of the discount is commercial in confidence.
5.	**Infrastructure Requirements** Any additional infrastructure costs associated with the introduction of new cancer therapies will be purposed as part of the routine commissioning process.

6.	**Expected implementation period** There is no impediment to immediate implementation for new patients.
7.	**Commissioning arrangements** This regimen will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis. Thereafter, 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
8.	**Monitoring arrangements** The HSCB cost per case process will generate quarterly reports on the number of applications. 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. 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.
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. 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.