

1.	<p>Treatment & Condition</p> <p>Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea.</p>																		
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance (TA605) Published: 9 October 2019 www.nice.org.uk/guidance/ta605</p> <p>Xeomin[®] (botulinum neurotoxin type A) is recommended, within its marketing authorisation, as an option for treating chronic sialorrhoea caused by neurological conditions in adults. It is recommended only if the company provides it according to the commercial arrangement.</p>																		
3.	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>According to the Resource Impact Template that accompanies TA605, NICE estimate 1118 people with chronic sialorrhoea are eligible for treatment with Xeomin.</p> <p>1007 people will have Xeomin from year 2023/24 onwards once uptake has reached 90% as shown in the table below:</p> <table border="1" data-bbox="261 1144 1442 1294"> <thead> <tr> <th>Year</th> <th>2019/20</th> <th>2020/21</th> <th>2021/22</th> <th>2022/23</th> <th>2023/24</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td>6%</td> <td>30%</td> <td>50%</td> <td>70%</td> <td>90%</td> </tr> <tr> <td>Number of People</td> <td>62</td> <td>336</td> <td>559</td> <td>783</td> <td>1007</td> </tr> </tbody> </table>	Year	2019/20	2020/21	2021/22	2022/23	2023/24	Percentage	6%	30%	50%	70%	90%	Number of People	62	336	559	783	1007
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4.	<p>Patient Access Scheme Availability (Yes/No)</p> <p>The company (Merz Pharma UK Ltd) has a commercial arrangement in place. This makes Xeomin available to the NHS with a discount. The size of the discount is commercial in confidence.</p>																		
5.	<p>Infrastructure Requirements</p> <p>Any additional infrastructure costs associated 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>For those patients who commence treatment for this indication in secondary care, this regimen will be formally commissioned by the HSCB/PHA on a cost-per-case</p>																		

	(CPC) basis for 12 months. 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.	<p>Monitoring arrangements</p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications.</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>