

1.	<p><b>Treatment &amp; Condition</b></p> <p>Osimertinib for treating EGFR T790M mutation-positive advanced non-small-cell lung cancer</p>
2.	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance TA653 (October 2020)</p> <p>Osimertinib (Tagrisso<sup>®</sup>) is recommended as an option for treating epidermal growth factor receptor (EGFR) T790M mutation-positive locally advanced or metastatic non-small-cell lung cancer (NSCLC) in adults, only if:</p> <ul style="list-style-type: none"> <li>• their disease has progressed after first-line treatment with an EGFR tyrosine kinase inhibitor and</li> <li>• the company provides osimertinib according to the commercial arrangement.</li> </ul> <p>This appraisal reviews the additional evidence collected as part of the Cancer Drugs Fund managed access agreement for osimertinib for treating EGFR T790M mutation-positive locally advanced or metastatic NSCLC for adults whose disease has progressed after treatment with an EGFR tyrosine kinase inhibitor (NICE technology appraisal guidance TA416).</p>
3.	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>Expected to be 1 patient per annum</p>
4.	<p><b>Patient Access Scheme Availability</b></p> <p>(<u>Yes</u>/No)</p> <p>The company (Astra Zeneca) has a commercial arrangement that makes osimertinib available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
5.	<p><b>Infrastructure Requirements</b></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><b>Expected implementation period</b></p> <p>There is no impediment to immediate implementation for new patients.</p>
7.	<p><b>Commissioning arrangements</b></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. 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</p>

<b>8.</b>	<b>Monitoring arrangements</b>  The HSCB cost per case process will generate quarterly reports on the number of applications.
<b>9.</b>	<b>DoH (NI) Legislative/Policy Caveats</b>  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.