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| 1. | <p><b>Treatment &amp; Condition</b></p> <p>Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma</p>   |
| 2. | <p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology appraisal guidance TA666 Published: 16 December 2020<br/> <a href="http://www.nice.org.uk/guidance/ta666">www.nice.org.uk/guidance/ta666</a></p> <p>Atezolizumab plus bevacizumab is recommended as an option for treating advanced or unresectable hepatocellular carcinoma (HCC) in adults who have not had previous systemic treatment, only if:</p> <ul style="list-style-type: none"> <li>-they have Child-Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and</li> <li>-the company provides it according to the commercial arrangement</li> </ul> |
| 3. | <p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>According to the Resource Impact Template that accompanies TA 666, it is estimated around 29 people with advanced or unresectable hepatocellular carcinoma are eligible for treatment with atezolizumab with bevacizumab each year with 15 people taking up treatment with atezolizumab plus bevacizumab by 2022/23.</p>  |
| 4. | <p><b>Patient Access Scheme Availability (Yes/No)</b></p> <p>The companies have commercial arrangements for atezolizumab and bevacizumab. These make atezolizumab plus bevacizumab available to the NHS with a discount. The size of the discount is commercial in confidence. HSC Trusts will be required to claim all relevant reimbursements or discounts that form part of the commercial agreement.</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>  |
| 8. | <p><b>Monitoring arrangements</b></p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications.</p>  |

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|           | <p>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.</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>  |
| <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> |