

1.	<p>Treatment & Condition</p> <p>Brolucizumab for treating wet age-related macular degeneration</p>												
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA672 (February 2021)</p> <p>Brolucizumab is recommended as an option for treating wet age-related macular degeneration in adults, only if, in the eye to be treated:</p> <ul style="list-style-type: none"> • the best-corrected visual acuity is between 6/12 and 6/96 • there is no permanent structural damage to the central fovea • the lesion size is less than or equal to 12 disc areas in greatest linear dimension and • there is recent presumed disease progression (for example, blood vessel growth, as shown by fluorescein angiography, or recent visual acuity changes). <p>It is recommended only if the company provides brolucizumab according to the commercial arrangement.</p> <p>If patients and their clinicians consider brolucizumab to be one of a range of suitable treatments, including aflibercept and ranibizumab, choose the least expensive (taking into account administration costs and commercial arrangements).</p> <p>Only continue brolucizumab in people who maintain an adequate response to therapy. Criteria for stopping should include persistent deterioration in visual acuity and identification of anatomical changes in the retina that indicate inadequate response to therapy.</p>												
3.	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>Implementation of this guidance offers an additional treatment option for treating wet age-related macular degeneration.</p> <p>The NICE resource impact statement indicates that the guidance is not expected to have an impact on resources. This is because the technology is a further treatment option for this cohort of patients. The Resource Impact Template that accompanies NICE TA 672 indicated the following projected uptake:</p> <table border="1" data-bbox="260 1803 1444 1989"> <thead> <tr> <th></th> <th>2020/21</th> <th>2021/22</th> <th>2022/23</th> <th>2023/24</th> <th>2024/25</th> </tr> </thead> <tbody> <tr> <td>Number of people in N. Ireland estimated to receive brolucizumab each year</td> <td>77</td> <td>153</td> <td>230</td> <td>306</td> <td>383</td> </tr> </tbody> </table>		2020/21	2021/22	2022/23	2023/24	2024/25	Number of people in N. Ireland estimated to receive brolucizumab each year	77	153	230	306	383
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4.	<p>Patient Access Scheme Availability (<u>Yes</u>/No)</p> <p>The company (Novartis Pharmaceuticals UK Ltd) has a commercial arrangement in place. This makes brolocizumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
5.	<p>Infrastructure Requirements</p> <p>It is anticipated that infrastructure requirements will be minimal in comparison with current practice. Current treatment for wet age-related macular degeneration is intravitreal injections with either aflibercept or ranibizumab. Brolocizumab is an additional treatment option for this population.</p> <p>Infrastructure requirements for the delivery of all age-related macular degeneration therapies are reviewed annually as part of routine commissioning arrangements for supporting growth in the provision of these therapies.</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 initially on a cost-per-care (CPC) basis.</p>
8.	<p>Monitoring arrangements</p> <p>The HSC Board has robust arrangements in place for the monthly monitoring of all the therapies used by the macular service (activity/cost and waiting times) and this regime will be included within the routinely provided return.</p> <p>All monitoring returns are reviewed by the specialist services commissioning team.</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>