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

Health and Social Care Board

1. Treatment & Condition

Baricitinib for treating moderate to severe atopic dermatitis

2. Associated appraisal body *&* Summary of ruling

NICE Technology Appraisal guidance TA681 (March 2021)

Baricitinib is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if:

- the disease has not responded to at least 1 systemic immunosuppressant, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are not suitable, and
- the company provides it according to the commercial arrangement

Assess response from 8 weeks and stop baricitinib if there has not been an adequate response at 16 weeks, defined as a reduction of at least:

- 50% in the Eczema Area and Severity Index score (EASI 50) from when treatment started and
- 4 points in the Dermatology Life Quality Index (DLQI) from when treatment started.

When using the EASI, take into account skin colour and how this could affect the EASI score, and make appropriate clinical adjustments.

When using the DLQI, take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI, and make any appropriate adjustments.

3. Number of people in Northern Ireland expected to take up service/therapy

Estimated number of people in Northern Ireland receiving baricitinib

	2021/22	2022/23	2034/24	2024/25	2025/26
Uptake rate for baricitinib	5%	10%	15%	20%	25%
People commencing treatment each year	11	11	11	11	11
People discontinuing at 16 weeks because of inadequate response	-3	-3	-3	-3	-3
People continuing treatment in-year	8	8	8	8	8
People continuing with treatment from previous years	0	8	17	25	34
Total people continuing treatment	**8**	**16**	**25**	**33**	**42**

4. Patient Access Scheme Availability

(**Yes**/No)

	The company (Eli Lilly and Company Ltd) has a commercial arrangement. This makes baricitinib 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 this medicine for this indication will be dealt with as part of the routine commissioning process.
6.	**Expected implementation period** There is no impediment to implementation of this guidance.
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 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 HSC Board has robust arrangements in place for the monthly monitoring of all biologic therapies (patient numbers and waiting times), and this regime will be included within the routinely provided return. All monitoring returns for biologics are reviewed by the Specialist Services Commissioning Team quarterly.
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.