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N&WICS - TA868 - Vutrisiran - Hereditary transthyretin-related amyloidosis		
Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate explicit consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given: ☐ If there is more than one NICE-approved treatment available, a discussion between the responsible clinician and the patient has taken place about the advantages and disadvantages of the treatments available. This has taken into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. The most appropriate, least expensive, will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. ☐		
Patient NHS No:	**Trust:**	**Practice Name:**
Patient Hospital No:	**Consultant Making Request:**	**Practice Postcode:**
Patient's Initials and DoB:		**Practice Code:**
Notification Email Address: (@NHS.net account ONLY)		**Contact name & number:**
Start date of requested treatment:	**Provider:** ☐ Private ☐ NHS **Supplier:** ☐ Homecare ☐ Hospital	**Sub-Type:** N/A **(if applicable)**
By completing this form, you confirm that you intend to use the requested medicinal product described below as agreed in the local commissioning statement. Any requests which fall outside of this use will require an individual funding request (IFR). For support regarding IFRs, please contact: nwicb.icd@nhs.net For support regarding the criteria listed below, please contact: nwicb.nontariff@nhs.net		

Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. Vutrisiran is recommended, within its marketing authorisation, as an option for treating hereditary transthyretin-related amyloidosis in adults with stage 1 or stage 2 polyneuropathy. It is only recommended if the company provides vutrisiran according to the commercial arrangement.	☐ Yes ☐ No
2. If people with the condition and their clinicians consider vutrisiran to be 1 of a range of suitable treatments, discuss the advantages and disadvantages of the available treatments. After that discussion, if more than 1 treatment is suitable, choose the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements. • Why these recommendations were made • Hereditary transthyretin-related amyloidosis is usually treated with patisiran, which is already recommended in NICE's highly specialised technologies guidance on patisiran. Vutrisiran works in a similar way, but it is given as an injection under the skin instead of into a vein. • Evidence from a clinical trial and an indirect comparison shows that vutrisiran works as well as patisiran. • In the economic model, the company estimated costs for patisiran using pharmacy data showing the number of vials used per person. It provided a scenario using clinical trial evidence. The clinical experts suggested that more vials of patisiran would be used in clinical practice than in the clinical trial. If more vials of patisiran are used, vutrisiran is more likely to be cost saving. • The cost savings for vutrisiran also depend on how long it takes to administer patisiran and which type of healthcare professional administers it. The clinical experts agreed with the company's estimate of administration time. In the model, when the administration cost for patisiran increases, vutrisiran is more cost saving. • Taking the number of vials used per person in the pharmacy data and administration costs into account, a cost comparison suggests vutrisiran is cost saving compared with patisiran. So vutrisiran is recommended. • For all evidence see the committee papers. To see what NICE did for patisiran, see the committee	☐ Yes ☐ No

discussion in NICE's highly specialised technologies guidance on patisiran.	
3. As per NICE guidance, treatment should normally be started with the least expensive drug (considering the dose required, price per dose and any additional administration costs). Please confirm that the choice of drug is considered the most cost-effective treatment for this individual patient, noting that alternative treatment options recommended by NICE may be lower in cost, including the use of biosimilar medications if applicable. Where an alternative lower cost treatment is available and has not been tried by the patient, please confirm that the clinical rationale for prescribing has been included in the patients' medical record for the purpose of auditing.	☐ Yes ☐ No
4. The product is being used as described by local commissioning position.	☐ Yes ☐ No

I confirm that the patient meets the criteria for treatment Name of person completing: Designation of person completing:	Contact Details: Date:
Trust Authorising Pharmacist Name: Date:	