NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CENTRE FOR HEALTH TECHNOLOGY EVALUATION
Technology Appraisals

Consultation on Batch 54 draft remits and draft scopes and summary of comments and discussions at scoping workshops

Item	Topic ID	Topic title
4.1	1095	Denosumab for treating glucocorticoid-induced osteoporosis
4.2	1039	Fluocinolone acetonide micro-insert for treating recurrent non-infectious uveitis
4.3	1129	Benralizumab for treating severe asthma
4.4	1075	Guselkumab for treating moderate to severe plaque psoriasis
4.5	1093	ATIR101 with haploidentical haematopoietic stem cell transplantation for haematological cancers
4.6	1092	Idebenone for treating Duchenne muscular dystrophy
4.7	1069	Nusinersen for treating spinal muscular atrophy

Provisional Title	Denosumab for treating glucocorticoid-induced osteoporosis		
Topic Selection ID Number	7270	**Wave / Round**	R103
TA ID Number	1095		
Company	Amgen		
Anticipated licensing information	Marketing authorisation expected: Q2: 2018 Expected wording of marketing authorisation: ***CONFIDENTIAL INFORMATION REMOVED***		
Draft remit	To appraise the clinical and cost effectiveness of denosumab within its marketing authorisation for treating glucocorticoid-induced osteoporosis.		
Main points from consultation	Following the consultation exercise the Institute is of the opinion that an appraisal of denosumab for treating glucocorticoid-induced osteoporosis is not appropriate. The Institute is of the opinion that it should be included in the MTA of non-bisphosphonates (ID901). The company have noted that they will not submit evidence for this appraisal. It considers it more appropriate for denosumab to be included in the planned MTA for osteoporotic fragility fractures ID901. A scoping workshop was not held for this topic. The Institute therefore recommends that no referral is sought for this appraisal.		
Population size	It is difficult to estimate the number of people in England would be eligible for treatment with denosumab. The company estimates 30,000 people with glucocorticoid-induced osteoporosis in England. The Royal College of Physicians guidance estimates the number of people who are taking glucocorticoids and potentially at risk of a fracture to be 350,000. The number of people who are at high risk of fracture are unknown		
Process (TA/HST)	Not applicable – referral not sought because the remit for ID901 includes denosumab for glucocorticoid induced osteoporosis		
Proposed changes to remit (in bold)	Not applicable – referral not sought because the remit for ID901 includes denosumab for glucocorticoid induced osteoporosis		
Costing implications of remit change	Denosumab for the treatment of glucocorticoid-induced osteoporosis, represents an additional treatment option for this group of patients. The treatment cost of denosumab per person is £326 per annum. The cost impact will therefore depend on the incremental cost compared to current treatment options which vary widely. Any cost impact will also be influenced by whether the technology is prescribed in the same settings as existing treatment options.		
Timeliness statement	Not applicable – referral not sought		

Provisional Title	Fluocinolone acetonide micro-insert for treating recurrent non-infectious uveitis		
Topic Selection ID Number	8362	**Wave / Round**	R189
TA ID Number	ID 1039		
Company	pSivida		
Anticipated licensing information	***CONFIDENTIAL INFORMATION REMOVED***		
Draft remit	To appraise the clinical and cost effectiveness of fluocinolone acetonide micro-insert within its marketing authorisation for treating recurrent non-infectious uveitis		
Main points from consultation	Following the consultation exercise the Institute is of the opinion that an appraisal of fluocinolone acetonide for treating recurrent non-infectious uveitis is appropriate. The proposed remit is not appropriate and should be amended as follows: To appraise the clinical and cost effectiveness of fluocinolone acetonide micro-insert within its marketing authorisation for treating **chronic** recurrent non-infectious uveitis. The company and another consultee (patient group) requested that the wording of the remit should include 'chronic'. The company highlighted that the inclusion criteria for the clinical trial of fluocinolone acetonide micro-insert clinical required people to have uveitis that was chronic (at least one year since diagnosis) as well as recurrent (evidence of two recurrences in the twelve months preceding study entry). Issues relating to the population, comparators and outcomes have been addressed directly in the scope. At the Decision Point 4 meeting, attendees agreed that a remit should be sought and that the remit should be kept broad, that is, not to specify 'chronic'.		
Population size	An estimated 1,500–5,000 people are diagnosed with non-infectious posterior segment uveitis in England each year - calculated from estimates available in 2010 which gave a prevalence of 3–10 cases of posterior segment uveitis per 100,000 population (based on company submission for the appraisal of 'Adalimumab and dexamethasone for treating non-infectious uveitis' [ID763]).		
Process (TA/HST)	TA		
Proposed changes to remit (in bold)	None		
Costing implications of remit change	The cost of fluocinolone acetonide micro-insert for treating recurrent non-infectious uveitis is not yet known. If licensed for use in the UK, it could be a new treatment option for patients with uveitis. There may be some offsetting savings from people transferring from the current treatment options and a reduced		

	need for regular intraocular injections.
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	Benralizumab for treating severe asthma		
Topic Selection ID Number	7798	**Wave / Round**	R143
TA ID Number	ID 1129		
Manufacturer	Astra Zeneca		
Anticipated licensing information	***CONFIDENTIAL INFORMATION REMOVED***		
Draft remit	To appraise the clinical and cost effectiveness of benralizumab within its marketing authorisation for treating inadequately controlled severe asthma with elevated blood eosinophils.		
Main points from consultation	Following the consultation exercise, the Institute is of the opinion that an appraisal of benralizumab for treating severe asthma is <u>appropriate.</u> The proposed remit is not appropriate and should be amended as follows: To appraise the clinical and cost effectiveness of benralizumab within its marketing authorisation for treating ~~**inadequately controlled**~~ severe asthma with elevated blood eosinophils. The company requested that the wording of the remit should reflect the anticipated marketing authorisation of the technology. The company highlighted that the anticipated marketing authorisation was not restricted to *inadequately controlled* severe asthma. Issues relating to the population, comparators and outcomes have been addressed directly in the scope. Specifically, comparators for people with severe persistent allergic IgE-mediated eosinophilic asthma were added to the scope because stakeholders identified that people will have different treatment options.		
Population size	Approximately 7,546 people in England would be eligible for treatment with benralizumab. The scoping workshop report for mepolizumab (TA431) for treating severe eosinophilic asthma states that “severe difficult to control asthma has an estimated prevalence of 140 patients/million population. In England with a population of 53.9 million approximately 7,546 people with severe difficult to control asthma.		
Process (TA/HST)	TA		
Proposed changes to remit (in bold)	To appraise the clinical and cost effectiveness of benralizumab within its marketing authorisation for treating ~~**inadequately controlled**~~ severe asthma with elevated blood eosinophils.		
Costing implications of remit change	Benralizumab is presented in a pre-filled syringe and administered subcutaneously (SC) at 30mg every 4 or 8 weeks. It will offer an additional treatment option for treating severe asthma with elevated blood eosinophils. The cost of benralizumab is unknown so it is not possible to estimate the resource impact of this technology. There may be offsetting savings from other treatments avoided.		

Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	Guselkumab for treating moderate to severe plaque psoriasis		
Topic Selection ID Number	7896	**Wave / Round**	R153
TA ID Number	ID 1075		
Manufacturer	Janssen		
Anticipated licensing information	***CONFIDENTIAL INFORMATION REMOVED***		
Draft remit	To appraise the clinical and cost effectiveness of guselkumab within its marketing authorisation for treating moderate to severe plaque psoriasis.		
Main points from consultation	Following the consultation exercise, the Institute is of the opinion that an appraisal of guselkumab for treating severe plaque psoriasis is appropriate. The proposed remit is appropriate. No changes are required. Issues relating to the comparators and outcomes have been addressed directly in the scope.		
Population size	Approximately 8,640 to 34,560 people in England would be eligible for treatment with guselkumab. If recommended as an alternative to biologics (third line): approximately 8,640 people in England would be eligible for treatment with guselkumab. *This estimate is based on 192,000 people being diagnosed with psoriasis in England each year, of whom 4.5% would be eligible for this treatment (90% of people with the condition have plaque psoriasis, 5% have severe disease).* If recommended at second line as well as third line: approximately 34,560 people in England would be eligible for treatment. *This estimate is based on 192,000 people being diagnosed with psoriasis in England each year, of whom 18% would be eligible for treatment (90% of people with the condition have plaque psoriasis, based on 20% having moderate-severe disease).*		
Process (TA/HST)	TA		
Proposed changes to remit (in bold)	None		
Costing implications of remit change	The cost of guselkumab is not currently known, current treatments cost between £8,500 and £13,000 per person per year (TA442 Ixekizumab for treating moderate to severe plaque psoriasis) and therefore any resource impact will depend on the cost of the new technology relative to current treatment options. The technology represents an additional alternative treatment option which may be more convenient for people and may improve symptoms in people with psoriasis.		
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the		

	expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	ATIR101 with haploidentical haematopoietic stem cell transplantation for haematological cancers		
Topic Selection ID Number	8737	**Wave / Round**	R210
TA ID Number	ID 1093		
Manufacturer	Kiadis		
Anticipated licensing information	***CONFIDENTIAL INFORMATION REMOVED***		
Draft remit	To appraise the clinical and cost effectiveness of ATIR101 as an adjunct to haematopoietic stem cell transplantation within its marketing authorisation for haematological cancers.		
Main points from consultation	An appraisal is appropriate based on the consultation and workshop comments, however, timelines for the expected marketing authorisation have changed since the draft scope consultation (see above for current dates). Moreover, the data available for an appraisal even at the time of MA will be very limited. The proposed MA application is based on a non-randomised trial in 23 patients. A Phase 3 RCT is planned for enrolment later this year and will complete in 2020. The company made it clear that they would not be in a position to submit before the completion of their RCT in 2020. The clinical expert at the workshop highlighted that in the near future there will be a switch from the current common method of transplant (allogeneic stem cell transplant) to haploidentical stem cell transplant in the coming years but ATIR 101 will only be used once the clinical practice adopts haploidentical transplantation more widely. Therefore the company and the expert suggested it is more appropriate to wait until then to appraise this technology. Issues relating to the intervention, population and outcomes have been addressed directly in the scope. A single technology appraisal would be the most appropriate route for this topic taking into account issues with available data.		
Population size	Approximately 50-80 people in England would be eligible for treatment with ATIR101. This estimate is based on the number of haploidentical procedures that occurred in 2015 (no more than 5% of UK transplants and there were 1600 allogenic transplant in 2015). The estimate is also based on a clinical expert comments during the topic selection process. During consultation, the company suggested that the potential number could be 600 per year in the future as haploidentical HSCT uptake increases, but acknowledged that only 83 people underwent haploidentical HSCT in 2015.		
Process (TA/HST)	TA		

Proposed changes to remit (in bold)	To appraise the clinical and cost effectiveness of ATIR101 as an adjunct to **haploidentical** haematopoietic stem cell transplantation within its marketing authorisation for haematological cancers.
Costing implications of remit change	ATIR101 is administered by intravenous infusion; there may be additional costs for administration. The cost of ATIR101 is not yet known.
Timeliness statement	At the Decision Point 4 meeting, it was agreed that a referral is to be sought for this product but the topic is not to be appraised in line with the drug receiving its MA, but instead an appraisal should be timed in line with the completion of the phase 3 RCT (due to complete in 2020).

Provisional Title	Idebenone for treating Duchenne muscular dystrophy		
Topic Selection ID Number	8031	**Wave / Round**	R164
TA ID Number	ID 1092		
Manufacturer	Santhera Pharmaceuticals		
Anticipated licensing information	***Confidential information removed***		
Draft remit	To appraise the clinical and cost effectiveness of idebenone within its marketing authorisation for treating Duchenne muscular dystrophy.		
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of idebenone for treating Duchenne muscular dystrophy is appropriate. Consultees agreed that idebenone addresses a serious unmet need in the Duchenne muscular dystrophy population and therefore an appraisal was appropriate. The proposed remit is appropriate. No changes are required. There was strong feedback from the company and patient groups that idebenone was suited for evaluation by the HST programme because other treatments for Duchenne were referred to HST. The company stated that patient numbers were low, and all other HST topic selection criteria were also met. However, the number of people who would be eligible for treatment with idebenone could lie in the range of between 260 and 900 patients. Additionally, the technology is not commissioned by the highly specialised services team in NHS England and is also licensed for another indication. The NICE team considered that this topic is unlikely to meet the criteria for the HST programme. The technology has received positive EAMS opinion from the MHRA. Once licensed, medicines which have been developed through the Early Access Scheme will be appraised by NICE for routine use on the basis of the evidence collected in the earlier stages of the Scheme. The outcomes were amended to exclude measures relating to walking ability.		
Population size	Approximately 260-900 people in England would be eligible for treatment with idebenone. Of the 2,200 people with DMD in England, it was suggested that approximately 900 patients would not have respiratory decline. Of the remaining 1300 patients, there was a variation in the proportion not taking glucocorticoids. The clinical experts stated that in the paediatric population approximately 20% would not be on glucocorticoids, but this would rise to 40% in older patients. This would result in a range of between 260-520 patients eligible for idebenone, which would be reduced when people on continuous ventilation are excluded.		

	However, the clinical experts also presented 10 year data from Great Ormond street from 2004-2014, which showed that 76% of patients transitioning to adult care were not on steroids. The experts expected this number to have declined in recent years. Using this estimate, the patient numbers for idebenone could rise to over 900.
Process (TA/HST)	TA
Proposed changes to remit (in bold)	None
Costing implications of remit change	Idebenone is administered orally at 900mg each day. The period of active treatment from the trials was 1 or 2 years. The cost of idebenone is currently unknown, however there may be offsetting savings from current treatment options avoided which are likely to vary widely.
Timeliness statement	***Confidential information removed***

Provisional Title	Nusinersen for treating spinal muscular atrophy		
Topic Selection ID Number	8359	**Wave / Round**	189
TA ID Number	1069		
Company	Biogen		
Anticipated licensing information	Marketing authorisation: granted June 2017 Wording of marketing authorisation: [Nusinersen] is indicated for the treatment of 5q Spinal Muscular Atrophy		
Draft remit	To appraise the clinical and cost effectiveness of nusinersen within its marketing authorisation for treating spinal muscular atrophy		
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of nusinersen for treating spinal muscular atrophy is <u>appropriate</u>. The draft remit is appropriate; no changes are required. Consultees considered that this topic may be suitable for evaluation through the HST programme. The suitability of this topic for HST was initially discussed at DP4 in batch 52 and 53 (March and May 2017), but it was agreed that further discussion at an additional DP4 meeting was required. Since the previous discussion, a marketing authorisation has been granted, which covers all patients with SMA and is not restricted by age or type of SMA. The NICE technical team acknowledges that this topic has many of the features of an HST (including a particularly significant impact on families and carers, which is reflected in the scope).Some, but not all, of the prioritisation criteria for HST are met; • Treatment of spinal muscular atrophy (SMA) is not organised or commissioned as a highly specialised service. Bearing in mind the inclusion of adults within the population it is unlikely that this would be commissioned as a highly specialised service. • The population size is larger than that normally considered appropriate for HST. Patient groups and clinical expert expressed enthusiasm for nusinersen to be considered for anyone within the MA, and did not consider it appropriate to restrict the population in the scope (for example, to particular types of SMA). Although there is limited evidence outside SMA types 1 and 2, the MA is broad. ***Confidential information removed*** Other minor issues (including the descriptions of the disease, outcomes and subgroups) have been addressed directly in the scope.		
Population size	Approximately 750 people in England would be eligible for treatment with nusinersen. *Source: Based on Norwood et al. (2009), the company*		

	estimated that there are 380 people with SMA types 1 and 2 in England, and a further 380 with type 3. ***Confidential information removed*** *Additional information from a patient group estimated that there are approx. 2000 people living with SMA in England, of whom 500 are aged 0–12 with SMA types 1, 2 or 3 (consistent with the age range in clinical studies but not the full MA).*
Process (TA/HST)	TA
Proposed changes to remit (in bold)	None
Costing implications of remit change	The price of nusinersen is not yet known. Nusinersen is administered by intrathecal injection. Nusinersen is the first licensed treatment option for this group, and it is likely there would be additional drug and administration costs for this treatment. This may be offset by savings associated with decreased morbidity, fewer complications and reduced disabilities for the patient group.
Timeliness statement	Considering that this product has received a marketing authorisation for use in the UK, publication of timely guidance will not be possible.