NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Efgartigimod with recombinant human hyaluronidase PH20 for treating chronic inflammatory demyelinating polyneuropathy

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of efgartigimod with recombinant human hyaluronidase PH20 within its marketing authorisation for treating chronic inflammatory demyelinating polyneuropathy.

Background

Chronic inflammatory demyelinating polyneuropathy (CIDP) is a neurological disorder in which there is inflammation of nerve roots and peripheral nerves and destruction of the fatty protective covering (myelin sheath) of the nerve fibers. This causes weakness, paralysis and/or impairment in motor function, especially of the arms and legs. There are usually some alterations of sensation causing incoordination, numbness, tingling, or prickling sensations. The motor and sensory impairments associated with CIDP usually affect both sides of the body (symmetrical), and limb weakness typically starts in the legs. The condition may also impact everyday physical activities, such as getting out of a chair, walking, climbing stairs, and may also cause falling. Problems with gripping objects, tying shoelaces, and using utensils can also be brought on by upper limb involvement. CIDP shares many symptoms with Guillain–Barré syndrome but is a chronic rather than an acute disease.

CIDP is a rare disorder that can affect any age group and the onset of the disorder may begin during any decade of life. CIDP affects males twice as often as females and the average age of onset is 50.[1] Up to 650 people are diagnosed with CIDP each year in the UK.[2] The prevalence of CIDP is estimated to be around 5-7 cases per 100,000 individuals.[3]

CIDP is usually treated first with corticosteroids, immunoglobulin or plasma exchange (PLEx). There are different factors which determine which will be offered first, and clinical practice varies. In many cases, CIDP may respond to corticosteroids alone. However, individuals requiring high doses of corticosteroid drugs may experience side effects. Immunoglobulin is offered either intravenously (IVIg) or subcutaneously (SCIg), with the latter most often used for maintenance treatment. IVIg and PLEx are often only effective for a limited duration and people may require chronic intermittent treatments. Access to IVIg and its use is variable. If there is insufficient response to first-line treatment or if the individual experiences significant side effects, second-line treatment will be one of the therapies not yet given. Corticosteroids, IVIg/SCIg and PLEx may also be used in conjunction with immunosuppressive drugs (such as azathioprine, mycophenolate mofetil, and cyclosporine).

The technology

Efgartigimod with recombinant human hyaluronidase PH20 (Vyvgart, argenx) does not currently have a marketing authorisation in the UK for treating CIDP. It has been studied in clinical trials compared with placebo in adults with CIDP.

Intervention(s)	Efgartigimod with recombinant human hyaluronidase PH20
Population(s)	Adults with chronic inflammatory demyelinating polyneuropathy
Comparators	Established clinical management without efgartigimod with recombinant human hyaluronidase PH20, including but not limited to: • corticosteroids • immunoglobulins (intravenous or subcutaneous) • plasma exchange (PLEx) • immunosuppressive therapies
Outcomes	The outcome measures to be considered include: • physical function change from baseline • disease progression • hospitalisations • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.

Related NICE recommendations	**Related technology appraisals:** None **Related technology appraisals in development:** None **Related NICE guidelines:** Suspected neurological conditions: recognition and referral (2019) NICE guideline NG127. Last updated October 2023 **Related NICE clinical knowledge summary:** Sensory neuropathy: What else could it be? Last updated October 2024
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2023) Manual for prescribed specialist services (2023/2024) Chapter 11 NHS England (2025) Clinical Commissioning Policy for the use of therapeutic immunoglobulin (Ig) England

References

1. National Institute of Neurological Disorders and Stroke. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) [accessed 12/08/25]
2. Gain charity. CIDP & the associated chronic variants [accessed 12/08/25]
3. NORD. Chronic Inflammatory Demyelinating Polyneuropathy [accessed 12/08/25]