NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Depemokimab for treating chronic rhinosinusitis with nasal polyps ID6449

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of depemokimab within its marketing authorisation for treating chronic rhinosinusitis with nasal polyps.

Background

Chronic rhinosinusitis is a condition in which the lining of the sinuses (air-filled spaces behind the nose, eyes and cheeks) becomes inflamed. It is characterised by symptoms including nasal congestion, discharge, decreased or lost sense of smell, facial pain and headache, which may last many years. People with the condition may have nasal polyps, which is also referred to as nasal polyposis. These are growths inside the nasal passages and sinuses, which usually only cause problems if they are large or grow in clusters, causing an obstruction. Additional symptoms of nasal polyps include a blocked nose, snoring and obstructive sleep apnoea (which can disturb sleep). If nasal polyps are also present, the condition is referred to as chronic rhinosinusitis with nasal polyps (CRSwNP).

The cause of CRSwNP is unknown, but several factors, including bacteria, fungi and allergens, are thought to be contributory.[1] Chronic rhinosinusitis is a common health condition estimated to affect 5-12% of the general population.[2] Among all people with chronic rhinosinusitis, around 25% to 30% have nasal polyps.[3] Up to 40% of people with nasal polyps have coexisting asthma.[4]

The goal of treatment is to control inflammation and reduce the size of polyps or eliminate them. Intranasal corticosteroids are the first treatment approach.[5] For patients with severe symptoms, an oral corticosteroid may be considered appropriate.[5] Oral corticosteroids can cause a range of long-term side effects when used at high doses or for extended periods. Injectable corticosteroids may be used if the nasal polyps are severe. Surgery may be required in cases where the condition is refractory to medical therapy.[5]

The technology

Depemokimab (brand name unknown, GlaxoSmithKline) does not currently have a marketing authorisation in the UK for the treatment of chronic rhinosinusitis with nasal polyps. It has been studied in clinical trials compared with placebo in adults with chronic rhinosinusitis with nasal polyps, as an add-on to standard care.

Intervention(s)	Depemokimab
Population(s)	Adults with chronic rhinosinusitis with nasal polyps

Subgroups	If the evidence allows, the following subgroups will be considered: • People who have type 2 inflammation co-morbidities (such as asthma and atopic dermatitis) • People who have had previous surgery for chronic rhinosinusitis with nasal polyps • People with aspirin or steroid sensitivity/intolerance
Comparators	• Established clinical management without depemokimab, including surgery. • Dupilumab (subject to NICE evaluation)
Outcomes	The outcome measures to be considered include: • Nasal congestion/obstruction • Polyp size • Sense of smell • Sinus opacifications • Need for surgery • Need for oral corticosteroids • 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. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.
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 in development:**

	Depemokimab for treating severe eosinophilic asthma in people 12 years and over [ID6447]. Publication date to be confirmed. Dupilumab for treating severe chronic rhinosinusitis with nasal polyps (review of TA648) [ID6480]. Publication expected September 2025. Tezepelumab for treating severe chronic rhinosinusitis with nasal polyps [ID6379]. Publication date to be confirmed. **Related NICE guidelines:** Sinusitis (acute): antimicrobial prescribing (2017) NICE guideline [NG79] **Related interventional procedures:** Corticosteroid-eluting bioabsorbable stent or spacer insertion during endoscopic sinus surgery to treat chronic rhinosinusitis (2016) NICE interventional procedures guidance [IPG551]

Questions for consultation

What treatments are considered established clinical management for chronic rhinosinusitis with nasal polyps?

What is established clinical management for people who have had previous treatment for chronic rhinosinusitis with nasal polyps?

What is considered severe chronic rhinosinusitis with nasal polyps?

Have all relevant comparators for depemokimab been included in the scope?

Does depemokimab have the potential to be an alternative to surgery in this population?

Are the suggested subgroups appropriate? Are there any other subgroups of people in whom depemokimab is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Are the outcomes listed appropriate?

Where do you consider depemokimab will fit into the existing care pathway for chronic rhinosinusitis with nasal polyps?

Please select from the following, will depemokimab be:
A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):
For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would depemokimab be a candidate for managed access?

Do you consider that the use of depemokimab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

Please indicate if any of the treatments in the scope are used in NHS practice differently than advised in their Summary of Product Characteristics. For example, if the dose or dosing schedule for a treatment is different in clinical practice. If so, please indicate the reasons for different usage of the treatment(s) in NHS practice. If stakeholders consider this a relevant issue, please provide references for data on the efficacy of any treatments in the pathway used differently than advised in the Summary of Product Characteristics.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which depemokimab will be licensed;

- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE intends to evaluate this technology through its Single Technology Appraisal process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. Chaaban MR, Walsh EM, Woodworth BA. (2013) Epidemiology and differential diagnosis of nasal polyps. Am J Rhinol Allergy. 27(6):473-8

2. Fokkens WJ, Lund VJ , Hopkins C et al. (2020) European Position Paper on Rhinosinusitis and Nasal Polyps 2020 Rhinology. Suppl. 29: 1-464

3. Stevens W, Schleimer R, and Kern R. (2016) Chronic Rhinosinusitis with Nasal Polyps. J Allergy Clin Immunol Pract. 4(4): 565–572.

4. Ear Nose and Throat (ENT) UK Nasal Polyps. Accessed 13 March 2025

5. BMJ Best Practice. Nasal Polyps treatment algorithm. Accessed 13 March 2025