NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Povorcitinib for treating moderate to severe active hidradenitis suppurativa

Final scope

Final remit/evaluation objective

To appraise the clinical and cost effectiveness of povorcitinib within its marketing authorisation for treating moderate to severe active hidradenitis suppurativa where a TNF-alpha inhibitor is not suitable, did not work or has stopped working.

Background

Hidradenitis suppurativa (HS), also known as acne inversa or Verneuil's disease, is a long-term, painful skin condition that causes repeated episodes of inflammation, abscesses and scarring. HS starts when hair follicles which are connected to sweat glands become blocked. This leads to the formation of pus-filled abscesses. In severe cases the pus forms tunnels (sinus tracts) deep under the surface and forms widespread networks of interconnected channels that can break out on the surface and leak pus. HS usually begins around puberty or early adulthood and affects areas where skin rubs together and where sweat glands are concentrated, such as the armpits, groin, buttocks, inner thighs and under the breasts. HS varies in severity which is commonly described using the Hurley staging system.[1]

- Hurley stage I describes mild disease, involving painful lumps or abscesses but no sinus tracts or scarring.
- Hurley stage II describes moderate disease, with recurrent abscesses, the formation of some sinus tracts, and localised scarring in separate areas.
- Hurley stage III describes severe disease, with extensive interconnected sinus tracts, widespread scarring and persistent drainage that can significantly affect mobility, comfort and quality of life. Repeated flare-ups at this stage may require surgical removal of affected skin.

HS affects around 1 in 100 people in the United Kingdom.[2] Around 580,000 people in England are estimated to be living with the condition.[2,3] Real world data suggests that 45.3% of people with HS have moderate to severe HS.[4] HS is more common in women, in people of African-Caribbean background, and in individuals who smoke or have a higher body weight.

There are no specific tests for HS. Diagnosis is based on the clinical signs or symptoms of the disease, although tests may be done to rule out other conditions with similar signs and symptoms.[5] The British Association of Dermatologists (BAD) guidelines recommend initial treatment with conventional systemic treatment. This includes offering oral tetracyclines for at least 12 weeks, followed by oral clindamycin and rifampicin when oral tetracyclines have not worked. Retinoids such as acitretin or the anti-inflammatory antibiotic, dapsone, may be considered when earlier treatments have not worked.[1]

NICE technology appraisal 392 recommends adalimumab, a TNF-alpha inhibitor, for active moderate to severe HS in adults whose disease has not responded to conventional systemic therapy. Adalimumab is contraindicated in some people, and

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some people prefer not to have it. Adalimumab may also work at first but then stop working. TA392 recommends that response to adalimumab should be assessed after 12 weeks. Treatment should only continue if there is clear evidence of response.

NICE technology appraisal 935 recommends secukinumab, an interleukin-17 inhibitor, for treating active moderate to severe HS in adults when it has not responded well enough to conventional systemic treatment, only if adalimumab is not suitable, has not worked or has stopped working. TA935 recommends assessing response to secukinumab after 16 weeks. Treatment should only continue if there is clear evidence of response.

The technology

Povorcitinib (Incyte Biosciences UK, brand name unknown) does not currently have a marketing authorisation in the UK for HS. It is being studied in clinical trials, compared to placebo, in adults with moderate to severe HS whose condition had an inadequate response to at least 1 conventional systemic therapy, or has intolerance/contraindication to a conventional systemic therapy.

Intervention	Povorcitinib
Population	People with moderate to severe active hidradenitis suppurativa where a TNF-alpha inhibitor is not suitable, did not work or has stopped working
Comparators	• Secukinumab • Best supportive care
Outcomes	The outcome measures to be considered include: • disease severity • disease progression • clinical response • inflammation and fibrosis • discomfort and pain • physical signs (such as anatomical location, surface area, total lesion count, inflammatory lesion count, number of abscesses, number of inflamed nodules, number of sinus tracts, number of fistulae) • other symptoms such as drainage and fatigue • adverse effects of treatment • health-related quality of life

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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. The availability and cost of biosimilar and generic products should 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:** • Adalimumab for treating moderate to severe hidradenitis suppurativa (2016) NICE technology appraisal guidance 392. • Secukinumab for treating moderate to severe hidradenitis suppurativa (2023) NICE technology appraisal guidance 935.

References

1. Ingram JR, Collier F, Brown D et al. (2019) British Association of Dermatologists guidelines for the management of hidradenitis suppurativa (acne inversa) 2018. British Journal of Dermatology 180(5):1009-1017.

2. Ingram JR, Jenkins-Jones S, Knipe DW et al. (2018) Population-based Clinical Practice Research Datalink study using algorithm modelling to identify the true burden of hidradenitis suppurativa. British Journal of Dermatology 178(4):917-924

3. Office for National Statistics (26 December 2025) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2024

4. Ingram, J. R., et al. (2022). Unmet clinical needs and burden of disease in hidradenitis suppurativa: real-world experience from EU5 and US. Journal of the European Academy of Dermatology and Venereology, 36(9), 1597-1605.

5. NHS (2019). Hidradenitis Suppurativa. Accessed January 2025.

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