NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Norucholic acid for treating primary sclerosing cholangitis

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of norucholic acid within its marketing authorisation for treating primary sclerosing cholangitis.

Background

Primary sclerosing cholangitis (PSC) is a chronic and progressive autoimmune disease affecting bile ducts in the body. The bile ducts inside and outside the liver progressively decrease in size due to inflammation and scarring (fibrosis). The cause of PSC is unknown, but current research suggests that the disease may be triggered by an unknown bacteria or virus in people who are genetically predisposed to it.[1] PSC comprises classic, large-duct and the rarer small- duct phenotypes. In people with small-duct PSC, presentation is similar but may not be detectable on diagnostic cholangiography, due to the size of the bile ducts affected.[2] The prognosis of small duct PSC is significantly better than large duct, but small duct PSC may progress to the large duct variant.[2]

About half of people with PSC have no symptoms but possible symptoms include abdominal pain, itchiness, jaundice and fatigue.[3] The bile ducts of people with PSC can become infected, which can lead to sepsis if untreated. PSC is often associated with inflammatory bowel disease (IBD).[4] PSC often leads to advanced cirrhosis, which may require liver transplantation. PSC can also cause cholangiocarcinoma, a cancer of the bile ducts, which is the leading cause of deaths due to PSC.[2]

A study using the UK Clinical Practice Research Datalink found that from 1998 to 2014 that the prevalence of PSC in the UK was 6.12 per 100,000.[5] This means there are around 3,800 people with PSC in England and Wales. PSC is more common in men, making up around 65-70% of cases, and is most often diagnosed between the ages of 30 and 40[6], but can occur at any age.

There are currently no licensed treatments for PSC. Off-label treatment with moderate doses of ursodeoxycholic acid is an option and appears widely used. However, evidence for its impact on long-term outcome is uncertain.[6] The British Society for Gastroenterology and UK-PSC guidelines recommend that ursodeoxycholic acid should not be routinely used for people with newly diagnosed PSC.[2] In people with severe narrowing of relevant bile ducts, endoscopic dilation of the bile duct may be performed.[6] In people with extreme cirrhosis, a liver transplant may be required.

The technology

Norucholic acid (brand name unknown, Dr Falk Pharma) does not currently have a marketing authorisation in the UK for treating primary sclerosing cholangitis. It has been studied in a clinical trial compared with placebo in people with large-duct primary sclerosing cholangitis.

Intervention(s)	Norucholic acid
Population(s)	People with primary sclerosing cholangitis
Subgroups	If evidence allows and appropriate, the following subgroups may be considered: By phenotype: • People with large-duct PSC • People with small-duct PSC By presence of cirrhosis: • Yes • No By presence of concomitant IBD: • Yes • No By previous liver transplant: • Yes • No By autoimmune hepatitis status: • Yes • No

Comparators	Standard care for primary sclerosing cholangitis without norucholic acid, including but not limited to:
	• Ursodeoxycholic acid
	• Best supportive care including:
	  ○ Endoscopic dilation
	  ○ Liver transplant

Outcomes	The outcome measures to be considered include: • liver function • liver fibrosis • liver transplant rate • hospital admissions • incidence of acute cholangitis and other complications • mortality • 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 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	None

References

1. British Liver Trust. Primary Sclerosing Cholangitis (PSC). Accessed February 2026

2. Lazaridis KN and LaRusso NF (2016). Primary Sclerosing Cholangitis. *New England Journal of Medicine*. 375(12), pg 1161–1170

3. Chapman MH et al. (2019). British Society of Gastroenterology and UK-PSC guidelines for the diagnosis and management of primary sclerosing cholangitis. *Gut.* 66, pg 1-23

4. Båve AL et al. (2021). Increased risk of cancer in patients with primary sclerosing cholangitis. *Hepatology International*. 15(5), pg 1174-1182

5. Liang H et al. (2017). Incidence, prevalence, and natural history of primary sclerosing cholangitis in the United Kingdom. *Medicine*. 96(24), e7116

6. Dyson JK et al. (2018). Primary sclerosing cholangitis. *The Lancet*. 391(10139), pg 2547-2559