

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Secukinumab for treating relapsed polymyalgia rheumatica ID6599

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of secukinumab within its marketing authorisation for treating relapsed polymyalgia rheumatica.

Background

Polymyalgia rheumatica (PMR) is an inflammatory rheumatological condition characterised by pain and morning stiffness affecting the neck, shoulder girdle, or pelvic girdle lasting longer than 45 minutes.¹ Symptoms often start suddenly or over a short period of time. Stiffness can be severe and may make it difficult for people to get out of bed or to raise their arms for activities such as brushing their hair. Flu-like symptoms may also be present at onset. PMR can occur on its own or alongside other conditions including giant cell arteritis. The exact cause of PMR is unknown, but both genetic and environmental factors contribute.¹

It is estimated that around 96 in 100,000 people in the UK are diagnosed with PMR each year.² The average age of diagnosis is around 73 years, and it almost always affects people over 50.³ The lifetime risk of having PMR is estimated to be around 2.4% for women and 1.7% for men.⁴

There are currently no specific NICE guidelines for PMR or relapsed PMR. Current clinical management for PMR consists of steroid therapy. In most cases, people are prescribed a corticosteroid, typically prednisolone, to relieve symptoms.⁵ Prednisolone will usually be reduced gradually every 1 to 2 months if PMR responds well to treatment and the symptoms are well controlled. Although symptoms of PMR usually improve within a few days of starting treatment, most people need to continue taking a low dose of prednisolone for approximately 2 years.⁶

PMR may resolve spontaneously over time; however, relapse can occur after treatment is stopped. In some cases, additional medicines may be used alongside corticosteroids to reduce the risk of relapse or to allow gradual tapering of the prednisolone dose.⁵ Immunosuppressive medicines, such as methotrexate, may be prescribed to suppress the immune response and can be considered for PMR that relapses frequently or does not respond adequately to standard corticosteroid treatment.⁵

The technology

Secukinumab (Cosentyx, Novartis Pharmaceuticals UK) does not currently have a marketing authorisation in the UK for treating relapsed polymyalgia rheumatica. It has been studied in clinical trials, in combination with corticosteroids, compared with placebo in combination with prednisone, in adults with relapsed polymyalgia rheumatica.

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| Intervention(s) | Secukinumab with established clinical management |
| Population(s) | Adults with relapsed polymyalgia rheumatica |
| Comparators | Established clinical management without secukinumab, which may include: <ul style="list-style-type: none"> • Corticosteroids |
| Outcomes | The outcome measures to be considered include: <ul style="list-style-type: none"> • sustained remission • complete remission • time to first use of escape treatment or rescue treatment • discomfort and pain • fatigue • adverse effects of treatment • health-related quality of life. |
| Economic analysis | <p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>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.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p> <p>The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.</p> |
| 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 |

Questions for consultation

Where do you consider secukinumab will fit into the existing care pathway for relapsed polymyalgia rheumatica?

What is the existing care pathway for relapsed polymyalgia rheumatica?

Please select from the following, will secukinumab 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 secukinumab be a candidate for managed access?

Do you consider that the use of secukinumab 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 secukinumab 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. Acharya, S., & Musa, R. (2025). Polymyalgia Rheumatica. In StatPearls. StatPearls Publishing.
2. Partington, R. J., Muller, S., Helliwell, T., Mallen, C. D., & Abdul Sultan, A. (2018). Incidence, prevalence and treatment burden of polymyalgia rheumatica in the UK over two decades: a population-based study. *Annals of the rheumatic diseases*, 77(12), 1750–1756. <https://doi.org/10.1136/annrheumdis-2018-213883>
3. Florescu, M.M., Bobircă, F., Florescu, A., Pădureanu, V., Bobircă, A., Ciurea, P.L. Muşetescu, A.E. (2023). Polymyalgia rheumatica: An update (Review). *Experimental and Therapeutic Medicine*, 26, 543. <https://doi.org/10.3892/etm.2023.12242>
4. Mackie, S. L., & Mallen, C. D. (2013). Polymyalgia rheumatica. *BMJ (Clinical research ed.)*, 347, f6937. <https://doi.org/10.1136/bmj.f6937>
5. NHS (2023) [Polymyalgia rheumatica](#) [accessed May 2026]
6. BMJ Best Practice (2023) Polymyalgia rheumatica [accessed May 2026]