NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Oveporexton for treating type 1 narcolepsy ID6622

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of oveporexton within its marketing authorisation for treating type 1 narcolepsy.

Background

Narcolepsy is a chronic neurological condition affecting the brain's ability to regulate normal sleep/wake cycles. It is often caused by a lack of the brain chemical hypocretin (also known as orexin), but this is not true in all cases and the exact cause of the condition is often unclear.[1] Symptoms of narcolepsy can include excessive daytime sleepiness, sleep attacks (falling asleep suddenly and without warning), cataplexy (temporary loss of muscle control resulting in weakness and possible collapse), sleep paralysis, excessive dreaming, waking in the night and disturbed nocturnal sleep.[1,2] There are two main types of narcolepsy:

- Type 1 narcolepsy (previously known as narcolepsy with cataplexy). People with type 1 narcolepsy have cataplexy and usually have low orexin levels.[2]
- Type 2 narcolepsy (previously known as narcolepsy without cataplexy). People with type 2 narcolepsy do not have cataplexy, typically have less severe symptoms, and have normal orexin levels.[2]

Approximately 30,000 people (1 in 2,500) have narcolepsy in the UK, this may be an underestimate due to underdiagnosis.[1] Initial symptoms often occur before the age of 18, but the condition is usually diagnosed between the ages of 20 and 40.[1] The prevalence of type 1 and type 2 narcolepsy is broadly similar.[3]

There are no UK-specific treatment guidelines for narcolepsy. A 2021 joint European guideline noted that, at present, all treatments are symptomatic and disease-modifying treatment is not available. The guideline recommends that non-pharmacological management, such as scheduled daytime naps, should be considered first. For first-line pharmacological treatment of narcolepsy with excessive daytime sleepiness and cataplexy, the guideline recommends either monotherapy with sodium oxybate or pitolisant, or combination therapy with either sodium oxybate or venlafaxine/clomipramine, combined with a wake-promoting agent (such as modafinil, pitolisant, solriamfetol, methylphenidate, or amphetamine derivatives). If ineffective after 4 to 6 weeks, the guideline recommends changing to combination therapy, switching sodium oxybate to venlafaxine or clomipramine (or vice versa), combining sodium oxybate with venlafaxine or clomipramine and a wake-promoting agent, or switching from venlafaxine or clomipramine to a different antidepressant.

There are no NICE-recommended treatments specifically for cataplexy symptoms caused by narcolepsy. NICE guidance TA758 recommends solriamfetol for treating excessive daytime sleepiness caused by narcolepsy, only if modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable.

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The technology

Oveporexton (brand name unknown, Takeda) does not currently have a marketing authorisation in the UK for type 1 narcolepsy. It has been studied in clinical trials compared with placebo in people with type 1 narcolepsy.

Intervention(s)	Oveporexton
Population(s)	Adults with type 1 narcolepsy
Comparators	Established clinical management without oveporexton, which may include: o sodium oxybate o venlafaxine or clomipramine o pitolisant • With or without a wake-promoting agent, such as: o modafinil o methylphenidate o amphetamine derivatives (for example, dexamfetamine and lisdexamfetamine) o pitolisant o solriamfetol
Outcomes	The outcome measures to be considered include: • excessive daytime sleepiness • number of cataplectic episodes • 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. The availability and cost of biosimilar and generic products should be taken into account.

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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:** Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy (2022) NICE technology appraisal guidance 758.

Questions for consultation

Have all the relevant comparators been identified?

- Which treatments are the preferred first- and second-line options for cataplexy?
- Is sodium oxybate routinely available for adults across the NHS?
- What proportion of people are treated with only an anti-cataplexic agent, and what proportion have both an anti-cataplexic agent and a wake-promoting agent?
- Is modafinil still the preferred first-line wake-promoting agent?
    - Which treatments are the preferred second- and third-line options in the NHS?

Where do you consider oveporexton will fit into the existing care pathway for type 1 narcolepsy?

Have all the relevant outcomes been identified?

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

Do you consider that the use of oveporexton 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.

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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 oveporexton 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. NHS (2022) Narcolepsy. Available from: https://www.nhs.uk/conditions/narcolepsy/ [Accessed April 2026]

2. National Institute of Neurological Disorders and Stroke (2026) Narcolepsy. Available from: https://www.ninds.nih.gov/health-information/disorders/narcolepsy [Accessed April 2026]

3. Ohayon MM, Dave S, Crawford S, et al. (2025) Prevalence of narcolepsy in representative samples of the general population of North America, Europe, and South Korea. *Psychiatry Research* 347. Available from: https://doi.org/10.1016/j.psychres.2025.116390

4. Bassetti CL, Kallweit U, Vignatelli L, et al. (2021) European guideline and expert statements on the management of narcolepsy in adults and children. *Eur J Neurol*. 28:2815-2830. Available from: https://doi.org/10.1111/ene.14888

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