NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Review of TA246; Pharmalgen for the treatment of bee and wasp venom allergy

This guidance was issued in February 2012.

The review date for this guidance is January 2017.

1. Recommendation

The guidance should be transferred to the 'static guidance list'. That we consult on this proposal.

2. Original remit(s)

To appraise the clinical and cost effectiveness of pharmalgen for the treatment of bee and wasp venom allergy within its licensed indication.

3. Current guidance

1.1. Pharmalgen is recommended as an option for the treatment of IgE-mediated bee and wasp venom allergy in people who have had:

- a severe systemic reaction to bee or wasp venom, or
- a moderate systemic reaction to bee or wasp venom and who have one or more of the following: a raised baseline serum tryptase, a high risk of future stings or anxiety about future stings

1.2. Treatment with Pharmalgen should be initiated and monitored in a specialist centre experienced in venom immunotherapy.

4. Rationale[1]

The acquisition list price of Pharmalgen has increased for the respective induction and maintenance treatment packs. The price increase was agreed by the Department of Health with effect from 2014 following a price neutral modulation proposal submitted by the company. There is no PAS for this product.

The committee's considerations as described in the Final Appraisal Determination (FAD) indicate that the cost effectiveness results were most sensitive to the number of stings per year experienced by people at high risk of stings, and the impact on quality of life and the time horizon of the model. The cost-effectiveness estimates

[1] A list of the options for consideration, and the consequences of each option is provided in Appendix 1 at the end of this paper

were not sensitive to changes in cost. The most plausible incremental cost-effectiveness ratios (ICERs) were below £20,000 per quality adjusted life year (QALY) gained. There is no substantial new evidence. An ongoing Cochrane Review referred to in the FAD has provided further data supporting the efficacy of Pharmalgen and its positive impact on the quality of life for people with venom allergies. This would further support the committee's original conclusions about its preferred assumptions relating to the economic model (which resulted in lower ICERs than the base case in the original appraisal). In addition, Pharmalgen remains the only venom immunology that has a UK marketing authorisation.

It is therefore concluded that the change in list price is unlikely to lead to a change in the recommendations, and that the guidance should therefore be transferred to the 'static guidance list'.

5. Implications for other guidance producing programmes

There is no proposed or ongoing guidance development that overlaps with this proposal.

6. New evidence

The search strategy from the original Evidence Review Group report was re-run on the Cochrane Library, Medline, Medline In-Process and Embase. References from January 2011 onwards were reviewed. Additional searches of clinical trials registries and other sources were also carried out. The results of the literature search are discussed in the 'Summary of evidence and implications for review' section below. See Appendix 2 for further details of ongoing and unpublished studies.

7. Summary of evidence and implications for review

The list price for Pharmalgen has increased. The company have confirmed that they do not operate any nationally available price reductions and sell at full list price.

No new venom immunotherapies have received UK marketing authorisations since the original guidance was issued.

The new evidence comprises a systematic review of the safety of bee venom therapy, a study of honeybee venom immunotherapy comparing a purified aqueous preparation with a non-purified aqueous preparation and a systematic review of the efficacy and safety of venom immunology (the ongoing Cochrane review referred to in the FAD).

The increased price may affect the cost-effectiveness of Pharmalgen compared with an adrenaline auto-injector given alongside avoidance advice (the comparator in the original appraisal). However, it is unlikely that the new evidence will lead to a change in the recommendations of the original guidance.

8. Adoption and Impact

A submission from the Adoption and Impact team is included in Appendix 3.

Hospital Pharmacy Audit Index data suggests that the volume of Pharmalgen prescribed has been stable from October 2013 to March 2016. At the time of the original appraisal (2012) clinical experts advised that the use of Pharmalgen was already established practice.

9. Equality issues

No equality issues were raised in the original guidance.

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Appendix 1 – explanation of options

When considering whether to review one of its Technology Appraisals NICE must select one of the options in the table below:

Options	Consequence	Selected – 'Yes/No'
A review of the guidance should be planned into the appraisal work programme. The review will be conducted through the STA process.	A review of the appraisal will be planned into the NICE's work programme.	No
The decision to review the guidance should be deferred to [specify date or trial].	NICE will reconsider whether a review is necessary at the specified date.	No
A review of the guidance should be combined with a review of a related technology appraisal. The review will be conducted through the MTA process.	A review of the appraisal(s) will be planned into NICE's work programme as a Multiple Technology Appraisal, alongside the specified related technology.	No
A review of the guidance should be combined with a new technology appraisal that has recently been referred to NICE. The review will be conducted through the MTA process.	A review of the appraisal(s) will be planned into NICE's work programme as a Multiple Technology Appraisal, alongside the newly referred technology.	No
The guidance should be incorporated into an on-going clinical guideline.	The on-going guideline will include the recommendations of the technology appraisal. The technology appraisal will remain extant alongside the guideline. Normally it will also be recommended that the technology appraisal guidance is moved to the static list until such time as the clinical guideline is considered for review. This option has the effect of preserving the funding direction associated with a positive recommendation in a NICE technology appraisal.	No

Options	Consequence	Selected – 'Yes/No'
The guidance should be updated in an on-going clinical guideline.	Responsibility for the updating the technology appraisal passes to the NICE Clinical Guidelines programme. Once the guideline is published the technology appraisal will be withdrawn. Note that this option does not preserve the funding direction associated with a positive recommendation in a NICE Technology Appraisal. However, if the recommendations are unchanged from the technology appraisal, the technology appraisal can be left in place (effectively the same as incorporation).	No
The guidance should be transferred to the 'static guidance list'.	The guidance will remain in place, in its current form, unless NICE becomes aware of substantive information which would make it reconsider. Literature searches are carried out every 5 years to check whether any of the Appraisals on the static list should be flagged for review.	Yes
The guidance should be withdrawn	The guidance is no longer relevant and an update of the existing recommendations would not add value to the NHS. The guidance will be stood down and any funding direction associated with a positive recommendation will not be preserved.	No

NICE would typically consider updating a technology appraisal in an ongoing guideline if the following criteria were met:

i. The technology falls within the scope of a clinical guideline (or public health guidance)

ii. There is no proposed change to an existing Patient Access Scheme or Flexible Pricing arrangement for the technology, or no new proposal(s) for such a scheme or arrangement

iii. There is no new evidence that is likely to lead to a significant change in the clinical and cost effectiveness of a treatment

iv. The treatment is well established and embedded in the NHS. Evidence that a treatment is not well established or embedded may include;

- Spending on a treatment for the indication which was the subject of the appraisal continues to rise
- There is evidence of unjustified variation across the country in access to a treatment
- There is plausible and verifiable information to suggest that the availability of the treatment is likely to suffer if the funding direction were removed
- The treatment is excluded from the Payment by Results tariff

v. Stakeholder opinion, expressed in response to review consultation, is broadly supportive of the proposal.

Appendix 2 – supporting information

Relevant Institute work

Published

Anaphylaxis: assessment and referral after emergency treatment (2011) NICE guideline CG134

Anaphylaxis (2016) NICE quality standard 119

Details of changes to the indications of the technology

Indications and price considered in original appraisal	Proposed indications (for this appraisal) and current price
Indications Treatment of IgE-mediated allergy to bee/wasp venom **Pricing** *"Pharmalgen bee venom costs £54.81 for an initial treatment set and £63.76 for a maintenance treatment set (excluding VAT; 'British national formulary' [BNF] edition 61).The maintenance treatment set includes four vials; therefore, the cost per injection in the maintenance phase is £15.94. Pharmalgen wasp venom costs £67.20 for an initial treatment set and £82.03 for a maintenance treatment set (excluding VAT; BNF edition 61). The maintenance treatment set also includes four vials; therefore, the cost per injection in the maintenance phase is £20.51. Costs may vary in different settings because of negotiated procurement discounts".*	**Indications** Treatment of IgE-mediated allergy to bee/wasp venom. **Pricing** C + D Data currently (13th September 2016) lists the price of a Pharmalgen bee venom initial treatment kit as £240 (excluding VAT). The maintenance kit is priced at £150 (excluding VAT). The costs of Pharmalgen wasp venom kits are the same as for the equivalent bee venom kits.

Details of new products

None.

Registered and unpublished trials

None

Relevant services covered by NHS England specialised commissioning

NHS England is responsible for commissioning services for bee and wasp venom allergy requiring specific immunotherapy (see: Manual for prescribed specialised services 2016/17, p.142-144)

References

Park JH, Yim BK, Lee JH et al. (2015) Risk associated with bee venom therapy: A systematic review and meta-analysis 10 (5): no-.

Bilo MB, Cinti B, Brianzoni MF et al. (2012) Honeybee venom immunotherapy: a comparative study using purified and nonpurified aqueous extracts in patients with normal Basal serum tryptase concentrations. *Journal of Allergy* (2012): 869243-.

Boyle R, Elremeli M, Cherry M et al. (2012) Venom immunotherapy for preventing allergic reactions to insect stings: A systematic review and health economic analysis. *European Journal of Allergy and Immunology* (67): 222-.

Boyle RJ, Elremeli M, Hockenhull J et al. (2012) Venom immunotherapy for preventing allergic reactions to insect stings. *Cochrane Database of Systematic Reviews* (10): CD008838-.