Appendix B

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Health Technology Appraisal

Golimumab for treating non-radiographic axial spondyloarthritis

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of golimumab within its marketing authorisation for treating non-radiographic axial spondyloarthritis.

Background

Axial spondyloarthritis belongs to a clinically heterogeneous group of inflammatory rheumatologic diseases which share common genetic, histological and clinical features (also including psoriatic arthritis, arthritis associated with inflammatory bowel disease, reactive arthritis and undifferentiated spondyloarthritis). People with these diseases often have the genetic marker human leukocyte antigen (HLA)-B27. Axial spondyloarthritis involves inflammation of the sacroiliac joints and spine. If inflammation is visible on x-ray (as erosions, thickening of the bone, or fusion of joints), the disease is classified as ankylosing spondylitis. If x-rays of the sacroiliac joints and spine are normal, but there are other objective signs of inflammation elevated C-reactive protein or evidence on magnetic resonance imaging) the disease is classified as non-radiographic axial spondyloarthritis.

The clinical symptoms of axial spondyloarthritis can vary from person to person, but usually develop slowly over several months or years. The main symptoms can include back pain, arthritis (inflammation of the joints in other parts of the body), enthesitis (inflammation where a bone is joined to a tendon), and fatigue. Extra-articular manifestations include uveitis, inflammatory bowel disease and psoriasis. The onset of symptoms typically occurs in the third decade of life, but it can be 7–10 years before a diagnosis is made.

Non-radiographic axial spondyloarthritis affects approximately equal numbers of men and women, but there are no data on the prevalence of the condition. Some people with non-radiographic axial spondyloarthritis will develop ankylosing spondylitis (about 10% of people over 2 years, and 50% over 10 years).[1,2] Around 200,000 people have been diagnosed with ankylosing spondylitis in the UK.[3,4]

Conventional therapy for non-radiographic axial spondyloarthritis includes anti-inflammatory treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physiotherapy.

If a person's disease does not respond adequately to conventional therapy, or they cannot tolerate it, an ongoing NICE technology appraisal (ID694)

recommends the tumour necrosis factor-alpha (TNF-alpha) inhibitors adalimumab, certolizumab pegol and etanercept as treatment options. The guidance makes recommendations about how to use these treatments.

The technology

Golimumab (Simponi, MSD) inhibits the pro-inflammatory cytokine TNF-alpha. Agents that inhibit the action of TNF-alpha may modify the inflammatory process of a disease. Golimumab is a monoclonal antibody and is administered by subcutaneous injection.

Golimumab has a UK marketing authorisation for treating adults with severe, active non-radiographic axial spondyloarthritis with objective signs of inflammation (including elevated C-reactive protein and/or evidence from magnetic resonance imaging) whose disease has responded inadequately to, or who are intolerant to, non-steroidal anti-inflammatory drugs.

Intervention(s)	Golimumab
Population(s)	People with severe active non-radiographic axial spondyloarthritis with objective signs of inflammation, whose disease has responded inadequately to, or who are intolerant to, non-steroidal anti-inflammatory drugs
Comparators	• Adalimumab (subject to ongoing NICE appraisal) • Certolizumab pegol (subject to ongoing NICE appraisal) • Etanercept (subject to ongoing NICE appraisal)
Outcomes	The outcome measures to be considered include: • disease activity • functional capacity • disease progression • pain • peripheral symptoms (including enthesitis, peripheral arthritis and dactylitis) • symptoms of extra-articular manifestations (including uveitis, inflammatory bowel disease and psoriasis) • 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 patient access schemes for the intervention or comparator technologies 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 and NICE Pathways	**Technology appraisals in development:** TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (including a review of technology appraisal 143 and technology appraisal 233) NICE technology appraisals guidance [ID694]. Publication expected October 2015. **Guidelines in development:** Spondyloarthritis Publication expected December 2016 **Related NICE Pathways:** Arthritis NICE pathway (last updated June 2015)
Related National Policy	Department of Health NHS Outcomes Framework 2015-2016 (December 2014). Domains 1, 2, 4 and 5.

Questions for consultation

Are there any reliable data on the prevalence and incidence of non-radiographic axial spondyloarthritis in England?

Have all relevant comparators for golimumab been included in the scope? Which treatments are considered to be established clinical practice in the NHS for non-radiographic axial spondyloarthritis?

Are there people (whose disease has not responded to, or who are intolerant to, non-steroidal anti-inflammatory drugs) for whom TNF-alpha inhibitors would be unsuitable?

- Would they be given best standard care?
- How is best standard care defined, for people whose disease has responded inadequately to, or who are intolerant to, non-steroidal anti-inflammatory drugs?

Are there any subgroups of people in whom golimumab is expected to be more clinically effective and cost effective or other groups that should be examined separately?

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 golimumab is 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.

Do you consider golimumab to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a ‘step-change’ in the management of the condition)?

Do you consider that the use of golimumab can result in any potential significant and 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 Appraisal Committee to take account of these benefits.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of

appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/article/pmg19/chapter/1-Introduction)

References

[1] National Institute for Health and Clinical Excellence (2015) TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (including a review of technology appraisal 143 and technology appraisal 233) NICE technology appraisals guidance [ID694]

[2] Siper J and Heijde van der D (2013) Non-radiographic axial spondyloarthritis. Arthritis and Rheumatism 65: 543–51

[3] NHS choices website Ankylosing spondylitis. Accessed July 2015

[4] Department of Health (2006) The musculoskeletal services framework. Department of Health. Accessed July 2015