ITEM 5

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CENTRE FOR HEALTH TECHNOLOGY EVALUATION
Technology Appraisals

Consultation on Batch 21 draft remits and draft scopes

Summary of comments and discussions at scoping workshops

	Batch 21 topics
5.1	Aflibercept in combination with irinotecan and fluorouracil-based therapy for the treatment of metastatic colorectal cancer which has progressed following prior oxaliplatin-based chemotherapy
5.2	Aflibercept solution for injection for the treatment of wet age-related macular degeneration
5.3	Axitinib for the treatment of advanced renal cell carcinoma after failure of prior systemic treatment
5.4	Pegloticase for the treatment of hyperuricaemia in people with symptomatic gout
5.5	Pemetrexed for maintenance treatment following induction therapy with pemetrexed and cisplatin for non squamous non-small-cell lung cancer
5.6	Ruxolitinib for the treatment of myelofibrosis
5.7	Dapagliflozin for the treatment of type 2 diabetes *A formal referral recommendation for this topic was deferred from Batch 19*

Provisional Title	Aflibercept in combination with irinotecan and fluorouracil-based therapy for the treatment of metastatic colorectal cancer which has progressed following prior oxaliplatin-based chemotherapy
Topic Selection ID Number	4111
Wave	23
Anticipated licensing information	*CONFIDENTIAL*
Draft remit	To appraise the clinical and cost effectiveness of aflibercept in combination with irinotecan and fluorouracil-based therapy within its licensed indication for the treatment of metastatic colorectal cancer which has progressed following prior oxaliplatin-based chemotherapy.
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of aflibercept in combination with irinotecan and fluorouracil-based therapy for the treatment of metastatic colorectal cancer which has progressed following prior oxaliplatin-based chemotherapy is appropriate. The Institute recommends that the draft remit is appropriate.
Process (MTA/STA)	STA
Proposed changes to remit (in bold)	No changes proposed.
Costing implications of remit change	No change to cost impact
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	Aflibercept solution for injection for the treatment of wet age-related macular degeneration
Topic Selection ID Number	5036
Wave	28
Anticipated licensing information	*CONFIDENTIAL*
Draft remit	To appraise the clinical and cost effectiveness of aflibercept solution for injection, within its licensed indication, for the first-line treatment of wet age-related macular degeneration.
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of aflibercept solution for injection for the treatment of wet age-related macular degeneration is appropriate. The Institute recommends the proposed remit is appropriate. The draft scope included the comparators ranibizumab, bevacizumab and best supportive care. At the scoping workshop it was recommended that because anti-VEGF therapy is now routine care in the NHS best supportive care was not an appropriate comparator. The inclusion in the scope of bevacizumab as a comparator was discussed, and it was confirmed by some consultees that bevacizumab is used in the NHS by some PCTs. It was noted in the scoping workshop that in the NICE Methods guide "relevant comparator technologies may also include those that do not have a marketing authorisation for the indication defined in the scope but that are used routinely for the indication in the NHS". Consultees disagreed whether bevacizumab was used 'routinely' in the NHS. There is relevant head to head trial evidence available comparing bevacizumab and ranibizumab. Given this is an important policy issue for the Institute, a paper will be presented to NICE Senior Management team for discussion before a final decision is taken.
Process (MTA/STA)	STA
Proposed changes to remit (in bold)	No changes proposed
Costing implications of remit change	No change to cost impact
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	Axitinib for the treatment of advanced renal cell carcinoma after failure of prior systemic treatment
Topic Selection ID Number	4586
Wave	27
Anticipated licensing information	*CONFIDENTIAL*
Draft remit	To appraise the clinical and cost effectiveness of axitinib, within its licensed indication, for the treatment of advanced renal cell carcinoma after failure of prior systemic treatment.
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of axitinib for the treatment of advanced renal cell carcinoma after failure of prior systemic treatment is appropriate. The Institute recommends that the draft remit is appropriate. The draft scope included the comparator 'best supportive care'. During consultation comments indicated that although no technologies are recommended as treatment options in NICE guidance, people with renal cell carcinoma may receive everolimus, despite negative NICE guidance, as a second-line treatment through the Cancer Drug Fund. On this basis it could be argued that everolimus should be included as a comparator, as it may be considered to be in routine use. The inclusion of treatments funded by the Cancer Drugs Fund as comparators in an appraisal was discussed with the Department of Health. In principle NICE does not normally include technologies with negative NICE guidance as comparators in appraisals. Further the Cancer Drugs Funds are regional and do not apply to Wales, whereas NICE guidance applies to both England and Wales. In addition the funds are considered to be temporary and time limited, they are available during the changeover to value based pricing. The future availability of the Cancer Drug Funds and these technologies is unknown. It was proposed that technologies funded through the Cancer Drug Fund will not be included as comparators in NICE appraisals where these technologies have NICE guidance that does not recommend them as a treatment option. This issue will be discussed with NICE Senior Management Team before a final decision is made.
Process (MTA/STA)	STA
Proposed changes to remit (in bold)	No changes proposed
Costing implications of remit change	No change to cost impact

Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	Pegloticase for the treatment of hyperuricaemia in people with symptomatic gout
Topic Selection ID Number	5104
Wave	28
Anticipated licensing information	*CONFIDENTIAL*
Draft remit	To appraise the clinical and cost effectiveness of pegloticase within its licensed indication for the treatment of hyperuricaemia in people with symptomatic gout refractory to conventional urate-lowering therapy.
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of pegloticase for the treatment of hyperuricaemia in people with symptomatic gout is appropriate. At the scoping workshop attendees stated that pegloticase may be used for the treatment of hyperuricaemia in people with symptomatic gout for whom conventional urate-lowering therapy is inappropriate or no longer appropriate. This could be due to disease being inadequately controlled on conventional therapy, or because conventional treatments are not tolerated or are contraindicated. Following the scoping workshop it was suggested that the draft remit specifying "refractory to conventional urate-lowering therapy", may be interpreted narrowly to mean that the appraisal would consider only those people whose disease has responded inadequately to conventional therapy. Following discussion with the Department of Health, the remit has been amended to reflect the wider patient populations for whom pegloticase may be used.
Process (MTA/STA)	STA
Proposed changes to remit (in bold)	To appraise the clinical and cost effectiveness of pegloticase within its licensed indication for the treatment of hyperuricaemia in people with symptomatic gout **whose disease is** refractory to conventional urate-lowering therapy**, or in whom conventional urate-lowering therapy is contraindicated or not tolerated.**
Costing implications of remit change	Wording changes in the remit require the costing implications to also be worded differently. This topic is potentially high cost (>£15million per year). Pegloticase is intended for the treatment of symptomatic gout where conventional therapy has been ineffective, is contraindicated or is intolerant and will be an additional cost. The cost of pegloticase is not yet known. The annual cost will depend on the number of patients who are intolerant to, contraindicated to or whose disease is refractory to current treatment, the number of attacks which require treatment each

	year and the length of the treatment provided. It is estimated that there are approximately 720,000 people in England with chronic gout. Around 3% of patients with gout in the USA were found to not be helped by conventional therapy. This indicates a maximum estimated 22,000 patients in England that may be eligible for this new treatment, if recommended. Peglioticase is administered by IV infusion. Trials show a treatment range between 12 and 36 weeks and it is taken every two weeks. The potential number of patients and number of administrations is very variable. Assuming midpoints, the cost of administrations alone could result in the topic being considered high cost (> £15million). There may be some offsetting savings from other treatments to manage pain and symptoms that may be avoided in patients that are refractory to conventional treatments.
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	Pemetrexed for maintenance treatment following induction therapy with pemetrexed and cisplatin for non squamous non-small-cell lung cancer
Topic Selection ID Number	5018
Wave	27
Anticipated licensing information	Marketing authorisation granted November 2011 Marketing authorisation wording: pemetrexed is indicated as monotherapy for the maintenance treatment of locally advanced or metastatic non-small cell lung cancer other than predominately squamous cell histology in patients whose disease has not progressed immediately following platinum-based chemotherapy (see section 5.1). This licence extension removes a restriction related to the type of prior first-line induction chemotherapy that has to be used prior to pemetrexed maintenance therapy; pemetrexed maintenance therapy after first-line induction therapy with a platinum doublet with gemcitabine, paclitaxel or docetaxel was appraised in NICE technology appraisal 190.
Draft remit	To appraise the clinical and cost effectiveness of pemetrexed within its licensed indication for maintenance treatment of non squamous non small cell lung cancer following response to induction therapy with pemetrexed and cisplatin.
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of pemetrexed for maintenance treatment following induction therapy with pemetrexed and cisplatin of non-squamous non-small-cell lung cancer is appropriate. The Institute recommends the draft remit is not appropriate and should be amended to reflect the wording of the marketing authorisation specifying that maintenance treatment is for those people whose disease does not progress following first-line induction therapy.
Process (MTA/STA)	STA
Proposed changes to remit (in bold)	To appraise the clinical and cost effectiveness of pemetrexed, within its licensed indication, for maintenance treatment of non squamous non-small cell lung cancer for people whose disease **has not progressed** following induction therapy with pemetrexed and cisplatin.
Costing implications of remit change	Wording changes in the remit require the costing implications to also be worded differently. The technology considered is to be used as a maintenance treatment of locally advanced and/or metastatic NSCLC other than predominantly squamous cell histology in people whose disease has not progressed following induction therapy with

	pemetrexed and cisplatin. The exact population who requiring maintenance treatment who have not progressed after platinum based chemotherapy first line treatment who have received pemetrexed and cisplatin is not known. Based on manufacturer comments from the scope, the standard care for first-line induction therapy is now pemetrexed and cisplatin. Assuming 75% of patients receive this treatment, the eligible population is around 1200 people. Assuming 5 cycles of maintenance treatment, there is an incremental cost of around £9425 per patient per year. For the population identified, it is estimated that there is an annual cost impact of around £11.5 million. There may be some offsetting savings where other activity is no longer required. This topic is considered to be low cost.
Timeliness statement	Pemetrexed was launched in the UK in November 2011. Therefore issuing timely guidance will not be possible.

Provisional Title	Ruxolitinib for the treatment of myelofibrosis
Topic Selection ID Number	4929
Wave	28
Anticipated licensing information	*CONFIDENTIAL*
Draft remit	To appraise the clinical and cost effectiveness of the ruxolitinib within its licensed indication for the treatment of myelofibrosis.
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of ruxolitinib for the treatment of myelofibrosis is appropriate. The Institute recommends that the draft remit is appropriate.
Process (MTA/STA)	STA
Proposed changes to remit (in bold)	No changes proposed
Costing implications of remit change	No change to cost impact
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will be possible.

Provisional Title	Dapagliflozin for the treatment of type 2 diabetes
Topic Selection ID Number	4543
Wave	25
Anticipated licensing information	*CONFIDENTIAL*
Draft remit	To appraise the clinical and cost effectiveness of dapagliflozin within its licensed indication for the treatment of type 2 diabetes.
Main points from consultation	Following the consultation exercise and the scoping workshop, the Institute is of the opinion that an appraisal of dapagliflozin for the treatment of type 2 diabetes is appropriate. The proposed remit is appropriate. The draft scope included dapagliflozin as monotherapy and dual therapy. Clinicians at the workshop did not consider that dapagliflozin would be used as a monotherapy treatment in the NHS. It was recommended by attendees that NICE would not add value to the NHS by appraising dapagliflozin monotherapy. The manufacturer also indicated in their comments on the draft scope that as well as monotherapy and dual therapy, dapagliflozin may be used in combination with insulin and up to two other oral anti-diabetics. It was considered at the scoping workshop that this should also be included in an appraisal. The intervention in the scope has been updated following comments received at the scoping workshop to consider: • Dapagliflozin as a dual therapy in combination with either metformin, a sulphonylurea, or a thiazolidinedione • Dapagliflozin in combination with insulin with or without up to two oral glucose lowering agents.
Process (MTA/STA)	STA
Proposed changes to remit (in bold)	None
Costing implications of remit change	No change to cost impact
Timeliness statement	Assuming that the anticipated date of the marketing authorisation is the latest date that we are aware of and the expected referral date of this topic, issuing timely guidance for this technology will not be possible.