Briefing Paper for Area Prescribing Committee on NICE Technology Appraisals: Local implementation

NICE TA Guidance	Filgotinib for treating moderate to severe rheumatoid arthritis TA676		
Available at	https://www.nice.org.uk/guidance/ta676		
Date of issue	24 February 2021	**Implementation deadline**	24 May 2021

Medicine details[1]	
Name, brand name and manufacturer	Filgotinib maleate (Jyseleca®) 100 mg film-coated tablets Gilead Sciences
Mode of action	Janus kinase (JAK) inhibitor
Licensed indication	Jyseleca® is indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Jyseleca® may be used as monotherapy or in combination with methotrexate (MTX).
Formulation	100mg film coated tablets
Usual dosage	Treatment with filgotinib should be initiated by a physician experienced in the treatment of rheumatoid arthritis. The recommended dose of filgotinib for adult patients with rheumatoid arthritis is 200 mg once daily.
Comparison with NICE TA use[2]	This is the same recommended dose and schedule as the NICE TA. The NICE TA further defines where filgotinib may be used in relation to moderate and severe active rheumatoid arthritis and which DMARDs i.e. conventional and biologic DMARDs. Filgotinib is the first medicine supported by a NICE TA for use in *moderate* rheumatoid arthritis as defined by a DAS28 score of 3.2 or more. The currently available biological and targeted synthetic DMARDs are only available in their respective NICE TAs for *severe* rheumatoid arthritis as defined by a DAS28 score of more than 5.1 (even though they may be licensed for use in moderate disease). *This is the current dose considered by NICE as part of the NICE evaluation. Subsequent changes in the license following NICE publication will need to be considered by the Area Prescribing Committee and **will not be routinely funded** by local commissioners.*

Disease and potential patient group	
Brief description of disease[3]	Rheumatoid arthritis is a long-term condition that causes pain, swelling and stiffness in the joints. The condition usually affects the hands, feet and wrists. There may be periods where symptoms become worse, known as flare-ups or flares.

	A flare can be difficult to predict, but with treatment, it is possible to decrease the number of flares and minimise or prevent long-term damage to the joints. Some people with rheumatoid arthritis also experience problems in other parts of the body, or more general symptoms such as tiredness and weight loss. Disease severity is assessed using the disease activity score (DAS28). A DAS28 of more than 5.1 indicates severe disease, between 3.2 and 5.1 indicates moderate disease, between 2.6 and 3.2 indicates mild disease, and 2.6 or less indicates disease remission.
Potential patient numbers per 100,000[4]	Severe RA 85/100,000 Moderate RA 48/100,000

SUMMARY

Guidance[2]

1.1 Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if:

- disease is moderate or severe (a disease activity score [DAS28] of 3.2 or more) and
- the company provides filgotinib according to the commercial arrangement.

1.2 Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if:

- disease is severe (a DAS28 of more than 5.1) and
- they cannot have rituximab and
- the company provides filgotinib according to the commercial arrangement.

1.3 Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to rituximab and at least 1 biological DMARD, only if:

- disease is severe (a DAS28 of more than 5.1) and
- the company provides filgotinib according to the commercial arrangement.

1.4 Filgotinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria in sections 1.1, 1.2 or 1.3 are met.

1.5 Choose the most appropriate treatment after discussing the advantages and disadvantages of the treatments available with the person having treatment. If more than 1 treatment is suitable, start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may vary from person to person because of differences in how the drugs are taken and treatment schedules.

1.6 Continue treatment only if there is a moderate response measured using European

League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. If this initial response is not maintained at 6 months, stop treatment.

1.7 When using the DAS28, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DAS28 and make any adjustments they consider appropriate.

1.8 These recommendations are not intended to affect treatment with filgotinib that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

Why the committee made these recommendations

People with severe rheumatoid arthritis have a number of advanced treatment options (biological and targeted synthetic DMARDs) available to them if their disease has not responded well enough to 2 or more conventional DMARDs. These advanced treatment options are currently not available for people with moderate rheumatoid arthritis.

Clinical trials show that filgotinib with methotrexate or other conventional DMARDs is more effective than adalimumab with methotrexate or methotrexate alone for treating moderate to severe rheumatoid arthritis that has not responded well enough to 2 or more conventional DMARDs. It is also more effective than conventional DMARDs alone for treating moderate to severe active rheumatoid arthritis that has not responded well enough to 1 or more biological DMARDs.

There are no trials comparing filgotinib with the full range of biological and targeted synthetic DMARDs in severe disease. However, an indirect comparison shows that filgotinib with conventional DMARDs (including methotrexate) works as well as the biological and targeted synthetic DMARDs recommended by NICE.

The most likely cost-effectiveness estimates show that filgotinib with methotrexate is an acceptable use of NHS resources for some people with moderate and severe rheumatoid arthritis.

The cost effectiveness of filgotinib monotherapy is more uncertain but is still likely to be within what NICE considers an acceptable use of NHS resources, therefore it is recommended.

Cost implications*,[2,3,4]

Cost:
The list price for filgotinib is £863.10 per bottle of 30-day pack (company submission).

Annual or monthly cost per patient:
The average cost for each patient per year is estimated at £10,508.00 based on the list price.

Has dose escalation been considered as part of the NICE costing template?
No.

Availability of PAS and details (if appropriate):
The company has a commercial arrangement. This makes filgotinib available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

Availability of homecare service (if appropriate):
Yes.

Resource impact statement:

Severe RA:
As with previous published NICE Appraisals for severe RA, the resource impact of filgotinib becoming available as a treatment option is not anticipated to be significant.

The number of people with severe RA eligible for filgotinib in England is 48,000 and in Surrey Heartlands CCG is 885.

Moderate RA:
Having an advanced treatment option for moderate disease, that is more effective in achieving disease control, would be valuable. This is because RA can affect other organs such as the eyes, it causes mobility problems and has cardiovascular effects.

Achieving disease control at this stage could reduce the need for costly operations and frequent attendances to NHS services.

The number of people with moderate RA eligible for filgotinib in England is 27,000 and in Surrey Heartlands CCG is 496.

Table 1: Number of people with moderate RA who are eligible for treatment in England, Surrey Heartlands ICS and ICP.

	Local assumption current practice	Local assumption current practice number of people				
	% of people	**Surrey Heartlands**	**East Surrey**	**Guilford & Waverly**	**North West Surrey**	**Surrey Downs**
Adult population		815,884	143,478	165,668	270,500	227,163
Prevalence of rheumatoid arthritis (RA)	0.82%	6,730	1,183	1,366	2,231	1,874
People who have moderate RA	45%	3,028.38	533	615	1,004	843
People who receive conventional disease modifying anti-rheumatic drugs (cDMARDs).	91%	2,756	485	560	914	767
Proportion of people who receive 2 or more cDMARDs	24%	661.40	116	134	219	184
People whose arthritis has inadequate response to intensive therapy and who require an advanced therapy	**75%**	**496**	**87**	**101**	**164**	**138**

Table 2: Cost per ICP for adults based on NICE TA recommendation 1.1 Filgotinib recommended as an option for RA after inadequate response to intensive therapy with a combination of cDMARDS in moderate or severe disease*.

	Change in costs £'000				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
East Surrey	-£ 10	-£ 8	£ 5	£ 18	£ 18

Guildford & Waverly	-£	12	-£	9	£	6	£	21	£	21
North West Surrey	-£	19	-£	15	£	10	£	35	£	35
Surrey Downs	-£	16	-£	13	£	8	£	29	£	29

*The costs include resource impacts over time, change in activity for all RA medicines and deductions from use in severe RA (due to earlier use in moderate RA).

This additional patient cohort will impact on capacity for secondary care clinical teams, homecare teams in trusts, homecare providers, workload and demand in biologics clinics.

Funding of this NICE TA is mandatory.

**NICE funding requirements are based on Quality Adjusted Life Years (QALY) threshold. If there is evidence that the incremental cost rises above this threshold in the future, the APC may reconsider the commissioning status.*

Alternative treatments and cost per patient per year

Other NICE recommended products:
Filgotinib is a similarly priced alternative to other currently commissioned treatments options.

NICE TA guidance currently recommends the following biological and targeted synthetic DMARDs, all with methotrexate, for *severe* active rheumatoid arthritis:

- Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab are tumour necrosis factor (TNF)-alpha inhibitors.
- Abatacept is a selective T-cell co-stimulation modulator that blocks a key co-stimulatory signal required for T-cell activation.
- Rituximab is a genetically engineered chimeric monoclonal antibody that depletes the B-cell population by targeting cells bearing the CD20 surface marker.
- Tofacitinib and baricitinib are Janus kinase (JAK) inhibitors.
- Sarilumab and tocilizumab are interleukin-6 (IL-6) inhibitors.

Upadacitinib (JAK inhibitor) has a NICE TA published in December 2020.

There are biosimilar versions of adalimumab, etanercept and infliximab.

Impact to patients

- An additional treatment option would be valued by patients.
- There are currently no advanced therapies available for people with moderate RA. Having an effective advanced therapy at the time the disease is at this stage would allow better disease control and be beneficial for people who have not responded to combination cDMARDs.
- An oral treatment would be welcomed by some patients particularly those who are needle phobic or have significant hand disability.
- Filgotinib is available under a homecare service so will be delivered directly to the patient.

Impact to primary care prescribers

- This is a PbRe drug and is commissioned by CCGs for use in secondary care. There should be no prescribing in primary care.
- Primary care prescribers should be aware that their patient is receiving filgotinib and ensure that this is recorded in the patient's notes in order to be alert to potential side-effects and interactions with other medicines prescribed in primary care. This will also ensure that GP records, which are accessed by other healthcare providers, are a true and accurate reflection of the patient's medication.

Impact to secondary care

- The initiation, administration and on-going treatment is managed by secondary care.
- Homecare arrangements will be managed by the trust.
- An additional treatment option in severe disease and a new option in managing

moderate disease would be valued by clinicians. • The additional patient cohort of those with moderate disease will impact on capacity for secondary care clinical teams, homecare teams in trusts, homecare providers, workload and demand in biologics clinics.
Impact to CCGs
• The technology is commissioned by clinical commissioning groups (CCGs) and they are required to comply with the recommendations in a NICE TA within 3 months of its date of publication. • Providers are NHS hospital trusts. • Potential increase in costs and appointments for patients with moderate disease although achieving disease control at this stage could reduce the need for costly operations and frequent attendances to NHS services.
Implementation
• NICE TA implementation must be within 90 days of publication – 24th May 2021. • Blueteq forms to be developed. • Trusts to initiate homecare. • Pathway to be discussed at Rheumatology Network. • Adapt the treatment pathway to include treatment of moderate RA and inclusion of filgotinib as a treatment choice.
Recommendation to PCN
PbRe: Yes **Recommended traffic light status (see attached guidelines):** Red

References:

1 Specification of Product Characteristics. Jyseleca 100 mg film-coated tablets Available at: https://www.medicines.org.uk/emc/product/11809/smpc#gref Accessed <2.3.21>

2 NICE Technology appraisal: Filgotinib for treating moderate to severe rheumatoid arthritis. Technology appraisal guidance [TA676]. Published date: 24 February 2021. Available at: https://www.nice.org.uk/guidance/TA676 Accessed <2.3.21>

3 Rheumatoid Arthritis NHS. Available at: https://www.nhs.uk/conditions/rheumatoid-arthritis/ Accessed <2.3.21>

4 NICE Resource impact report: Filgotinib for treating moderate to severe rheumatoid arthritis. Resource impact report. Available at: https://www.nice.org.uk/guidance/ta676/resources Accessed <3.3.21>

	Name	Title	Date	Declaration of interests (please give details below table)
Prepared by:	Tejinder Bahra	Lead Commissioning Pharmacist	02.03.21	None
Reviewed by:				