Surrey Heartlands Integrated Care System
Area Prescribing Committee (APC)

Integrated Care Partnership - Surrey Downs, Guildford & Waverley, North-West Surrey, and East Surrey Places & associated partner organisations.

NICE Technology Appraisals (TA) briefing paper for local implementation

NICE TA Guidance name and number	Tofacitinib for treating active ankylosing spondylitis [TA920]		
Available at	https://www.nice.org.uk/guidance/ta920		
Date of issue	18 October 2023	**Implementation deadline**	30 days (17 November 2023) – will be in breach

Medicine details[1]	
Name and brand name	Tofacitinib (Xeljanz)
Manufacturer	Pfizer
Mode of action	Tofacitinib is a potent, selective inhibitor of the JAK family. In enzymatic assays, tofacitinib inhibits JAK1, JAK2, JAK3, and to a lesser extent TyK2. In contrast, tofacitinib has a high degree of selectivity against other kinases in the human genome.
Licensed indication	Tofacitinib is indicated for the treatment of adult patients with active ankylosing spondylitis (AS) who have responded inadequately to conventional therapy.
Formulation	Film-coated tablet (tablet).
Dosage	At time of publication] The recommended dose of tofacitinib is 5 mg administered twice daily.
Comparison of NICE TA with Summary of Product Characteristics (SmPC)[2]	NICE TA recommends the same dosage as the SPC (at time of publication of the TA). This is the current dose considered by NICE as part of this 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, as the incremental cost per QALY would not have been considered.

NICE TA recommendations[2]

Recommendations

1.1 Tofacitinib is recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if:

- tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and
- the company provides tofacitinib according to the commercial arrangement.

1.2 If people with the condition and their clinicians consider tofacitinib to be 1 of a range of suitable treatments (including secukinumab and ixekizumab), after discussing the advantages and disadvantages of all the options, use the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements.

1.3 Assess response to tofacitinib after 16 weeks of treatment. Continue treatment only if there is clear evidence of response, defined as:

- a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units and
- a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more.

1.4 Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the BASDAI and make any adjustments needed.

1.5 These recommendations are not intended to affect treatment with tofacitinib 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.

Decision making framework (DMF)

National guidance and priorities

- The ICS has a legal obligation to commission this medicine in line with the NICE TA.
- This NICE TA has been assigned an implementation deadline that is fast tracked to 30 days.
- The implementation deadline is 17th November 2023

Clinical effectiveness

People with active ankylosing spondylitis that is not controlled well enough with conventional therapy are usually offered TNF-alpha inhibitors. If TNF-alpha inhibitors are not suitable or do not control the condition well enough, people are usually offered secukinumab or ixekizumab. Tofacitinib is an alternative to secukinumab or ixekizumab, but it might not be as safe for some people with ankylosing spondylitis, for example, people who are over 65 or who smoke.

Clinical trial evidence shows that tofacitinib is more effective than placebo for treating active ankylosing spondylitis. Tofacitinib has not been compared directly with secukinumab or ixekizumab, but an indirect treatment comparison suggests that it is as effective.

A cost comparison with secukinumab, which is most likely to be used after TNF-alpha inhibitors or when they are not suitable, suggests that tofacitinib has similar or lower costs. So, tofacitinib is recommended if it is used in the same population as secukinumab and ixekizumab.

Please note: the NICE TA for bimekizumab for treating axial spondyloarthritis NICE TA918, was published one week before than this TA, and therefore bimekizumab was not considered in this NICE TA but the comparators for bimekizumab are also secukinumab and ixekizumab.

Patient safety

- The product should be used within its product licence.
- Tofacitinib is a Black Triangle drug – please note that the black triangle symbol is applicable to all new drugs, and requires that all suspected reactions be reported to MHRA. The triangle is usually in place for 5 years (but can be longer if needed).
- There is a MHRA warning in effect for all JAK inhibitors with regards to risk of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality (April 2023).
- Prescribing clinicians are well aware of this risk, and use advisedly with suitable cohorts of patients.

Patient factors

- An additional treatment option would be valued by patients, however, there is already a JAK inhibitor in the available pathway, so does not constitute a novel mode of action or a new line of treatment
- Tofacitinib is a tablet taken orally twice a day.
- This medicine can be made available under a homecare service so will be delivered directly to the patient.
- Patients would need to be reviewed on a regular basis by the prescribing clinician to ensure concordance, monitor for adverse effects and efficacy.

Environmental impact

- Additional packaging will be generated and will be an environmental impact with regards to waste management.
- Homecare deliveries – patients' home (additional carbon – increase air pollution)
- Discharge into wastewater (post metabolism unknown effect)

Equality & diversity

No equality or social value judgement issues were identified by the NICE TA committee, however ICB implications are as follows:

- Paediatric population - The safety and efficacy of bimekizumab in children and adolescents below the age of 18 years have not been established. No data are available.
- Patient with learning or physical disabilities may not be able to self-inject.
- Religion/Beliefs/Vegan – drug is of biologic origin. It is also worth pointing out that no medicines are 100% vegan friendly as they will have been tested on animals at some point.

Note: Drugs approved by NICE for adult conditions will be commissioned in children at specialised paediatric centres if the patient meets the NICE criteria and there is evidence to suggest that the drug is safe and clinically appropriate to use in children as per the NHS England Medicines for Children Policy (see https://www.england.nhs.uk/publication/commissioning-medicines-for-children-specialised-services/ and a Blueteq form is available.

Place in therapy relative to available treatments

Tofacitinib, as a JAK inhibitor, belongs to the same class of drugs as upadacitinib and therefore will not constitute a new line of treatment, and in the axial spondyloarthritis pathway(s) which will be updated accordingly.

Stakeholder views

The paper was sent out for consultation and comments are listed on the front sheet.

Cost-effectiveness

The drug cost per Place according to NICE resources does not exceed £100,000.

Section 1: cost of the technology

a. Annual cost per patient (or complete course if shorter)

The list price of tofacitinib is £690.03 for 56 tablets (Hospital only) minus VAT if supplied via homecare.

Annual treatment costs (NICE assumed 13 cycles per year) – £8,970.39 (using list price above) +/- VAT

b. Availability of CAP/PAS price:

Yes

c. Price relative to comparable medicines:

A cost comparison with secukinumab, which is most likely to be used after TNF-alpha inhibitors or when they are not suitable, suggests that tofacitinib has similar or lower costs.

However, upadacitinib remains the most cost effective JAK inhibitor available in the current treatment pathway.

Section 2: NICE resource impact statement and template

Potential patient numbers per 100,000: 2.36 per 100,000 (260 in the Surrey Heartlands ICS population)

a. NICE resource impact statement

NICE has recommended tofacitinib as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if:

- tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and
- the company provides tofacitinib according to the commercial arrangement.

We expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).

This is because the technology is a further treatment option and the overall cost of treatment will be similar.

Tofacitinib represents an additional treatment option for those patients with active ankylosing spondylitis, where tumour necrosis factor alpha inhibitors are not suitable or do not control the condition well enough and who would benefit from or prefer an oral treatment, as opposed to injectable treatments.

Tofacitinib and some of the other treatment options have discounts that are commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

A resource impact template is provided for completion at a local level. This is because there are numerous treatment options that are recommended by NICE for treating ankylosing spondylitis.

This technology is commissioned by integrated care boards. Providers are NHS hospital trusts.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

Drug costs for Surrey Heartlands:
Does this exceed the £100,000 per Place threshold? NO

Traffic light recommendation to APC

NHS Payment Scheme (NHSPS) excluded high-cost drug: see NHS England » 2023-25 NHS Payment Scheme
Yes

Recommended traffic light status and rationale:
RED – Specialist ONLY drugs - treatment initiated and continued by specialist clinicians.

PAD definitions, available at: Traffic Light Status (res-systems.net)

Implementation

NICE TA implementation must be within 30 days of publication.

Actions to implement:
Primary care

- This is a National Tariff excluded high-cost drug and is commissioned by ICSs. There should be no prescribing in primary care.
- Primary care prescribers should be aware that their patient is receiving this medicine 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.

Secondary care

- Providers are NHS hospital trusts.
- Trusts to follow internal governance procedures to add to their formulary and initiate homecare.
- The initiation, administration and on-going treatment is managed by secondary care.
- Specialists will be required to notify the high-cost drugs teams of initiation and response to treatment using the Blueteq® system.
- Homecare arrangements will be managed by the trust.

ICS

- This technology is commissioned by integrated care systems.
- Pathway to be discussed with Rheumatology Network Group to consider its place in Axial Spondyloarthritis pathway.

PAD and Joint Formulary

- Remove Axial Spondyloarthritis Pathway from all treatments for this condition from PAD and replace with revised pathway.
- Current PAD profile page will require updating to reflect publication on NICE guidance.

Proposed tick box forms
Blueteq® forms have been developed.

References:

1 Summary of Product Characteristics. emc. Available at: https://www.medicines.org.uk/emc/product/2500/smpc Accessed 19 October 2023

2 NICE Technology Appraisal Guidance: Available at: https://www.nice.org.uk/guidance/ta920 Accessed 19 October 2023

3 NICE Resource Impact Report: Available at: https://www.nice.org.uk/guidance/ta920 Accessed 19 October 2023

4 NICE Resource Impact Template: Available at: https://www.nice.org.uk/guidance/ta920 Accessed 19 October 2023

Declaration of interest:

	Name	**Role**	**Date**	**Declaration of interests (please give details below)**
Prepared by	G. Randall	Senior Pharmacy Technician	19/10/2023	None
Supported by				
Reviewed by	Tejinder Bahra	Lead MRU	31.10.23	Indirect Pfizer

		Pharmacist		shareholder

Explanation of declaration of interest:
Indirect Pfizer shareholder – as per SH ICS declaration of interests policy.

Version control sheet:

Version	Date	Author	Status	Comment
1	19/10/23	G. Randall	Draft	Out for consultation
	1.11.23	G. Randall	Final	Out for clinical comment

Blueteq® form: