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	Ritlecitinib for treating severe alopecia areata in people 12 years and over (NICE TA958)		
Available at	https://www.nice.org.uk/guidance/ta958		
Date of issue	27 March 2024	**Implementation deadline**	27 June 2024 (3 months)

Medicine details[1]	
Name and brand name	Ritlecitinib (Litfulo)
Manufacturer	Pfizer
Mode of action	Mechanism of action Janus-associated kinase (JAK) inhibitor)
Licenced indication	…. indicated for the treatment of severe alopecia areata in adults and adolescents 12 years of age and older www.alopecia.org.uk Alopecia Areata Alopecia Areata is thought to be an autoimmune condition that causes hair to fall out, usually in round or oval patches on the scalp or other places on the body that grow hair, such as the beard, eyebrows or eyelashes. Types of Alopecia Areata include Patchy Alopecia Areata, Alopecia Totalis, Alopecia Universalis, Alopecia Barbae, Diffuse Alopecia Areata and Alopecia Ophiasis.
Formulation	Hard capsules 50mg
Dosage	The recommended dose is 50 mg once daily. The benefit-risk of treatment should be re-assessed at regular intervals on an individual basis. Consideration should be given to discontinuing patients who show no evidence of therapeutic benefit after 36 weeks.
Comparison of NICE TA with Summary of Product Characteristics (SmPC)[2]	The NICE recommendation is in line with the license for ritlecitinib. This is the current dose considered by NICE as part of this NICE evaluation. Subsequent changes in the licence 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. Recommendations

1.1. Ritlecitinib is recommended, within its marketing authorisation, as an option for treating severe alopecia areata in people 12 years and over. Ritlecitinib is only recommended if the company provides it according to the commercial arrangement.

Why the committee made these recommendations

There is no standard treatment for severe alopecia areata, and access to treatment varies widely. Hair loss can cause severe psychological distress.

Evidence from clinical trials shows that ritlecitinib is more effective than placebo at improving hair regrowth for up to 24 weeks.

The most likely cost-effectiveness estimates are within the range that NICE considers an acceptable use of NHS resources. So, ritlecitinib is recommended.

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 of 3 months
- The implementation deadline is 27 June 2024

Clinical effectiveness

- Evidence from clinical trials shows that ritlecitinib is more effective than placebo at improving hair regrowth for up to 24 weeks.

Patient safety

- The product should be used within its product licence.
- ▼ This is a Black Triangle drug – this medicinal product is subject to reporting of all suspected adverse drug reactions to the MHRA. This will allow timely identification of new safety information.
- MHRA drug safety update: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality – Concluded that risks associated with use if tofacitinib could be considered a class effect
- **Women of childbearing potential www.medicines.org.uk**
  '*Ritlecitinib is not recommended in women of childbearing potential not using contraception. Women of childbearing potential have to use effective contraception during treatment and for 1 month following the final dose of Litfulo'.*
- Contraindicated in patients with severe (Child Pugh C - score 10 to 15) hepatic impairment
- Avoid in pregnancy and when breast feeding.
- If there no additional safety concerns identified outside those already recognised and described in BNF / SPC.

Patient factors

- Patient and clinician experts have explained in the NICE guidance that there is a high unmet need for a targeted treatment for severe alopecia areata.
- Ritlecitinib is the first targeted treatment with a positive NICE TA for this indication. Baricitinib, another JAK inhibitor, is licensed for severe alopecia areata but NICE did not recommend its use in October 2023.
- www.medicines.org.uk Patients will need to have blood taken pre-treatment and then 4 weeks after initiation, and thereafter according to routine patient management.
- www.bnf.nice.org.uk Treatment initiation: Absolute lymphocyte count less than 0.5 x 109 cells/litre (do not initiate); platelet count less than 100 x 109 cells/litre (do not initiate).
- This medicine is available under a homecare service so could 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.
- Severity of alopecia areata can be rated using the Severity of Alopecia Tool (SALT) (see page 7), which assesses the proportion of scalp surface area affected by hair loss. 100% scalp hair loss represented by a score of 100. The company have defined severe alopecia

areata as a SALT score of 50 or more. However, there would need to be consideration for those patients where the scalp alone, is not affected, but the alopecia areata severity is classified as severe.

Specialists have been contacted to ask what alternative scoring system could be used for patients where other parts of the body are affected.

- Specialists should consider stopping treatment if, at review, the SALT score has improved to less than or equal to 20% scalp hair loss (0-20%). Reference: primary outcome in pivotal clinical trial or when the patient has satisfactory hair growth
- There is no evidence available from the clinical trials (to date) to show what happens to hair growth once ritlecitinib is stopped.

Environmental impact

- Additional packaging will be generated and will be an environmental impact with regards to waste management. Consideration for using biodegradable plastic packaging would be beneficial for the pharmaceutical industry.
- Homecare deliveries – patients' home (additional carbon – increase air pollution)
- Discharge into wastewater (post metabolism unknown effect) www.medicines.org.uk *…….'4% of the dose excreted as unchanged active substance in urine'.*
- Once opened the bottle has a shelf life of 45 days – Adding to waste (landfill) and inappropriate destruction of expired medication if the patient is not compliant with daily administration.

Equality & diversity

www.nice.org.uk

Equality

Religion or belief

- The committee [NICE] acknowledged that some people with severe alopecia areata may be more affected by the psychological impact of hair loss because of the religious or cultural significance of hair.

Pregnancy and maternity

- www.medicines.org.uk – Ritlecitinib will be a negative impact on this cohort of patient as it should be avoided in pregnancy and when breast feeding.

Age

- The clinical and patient experts also explained that severe alopecia areata can have a particularly large impact on psychosocial health and quality of life for young people.

Race

- Severe alopecia areata is more common in Asian and African groups and that alopecia areata incidence is higher in people with low socioeconomic status, and people from non-White groups. Religion, race and age are protected characteristics under the Equality Act 2010.

Disability

- People with autoimmune skin conditions including alopecia are at higher risk of spontaneous abortions than people without these conditions, and that severe alopecia areata is associated with severe physical disfigurement. Severe physical disfigurement is a protected characteristic under the Equality Act 2010.
- The [NICE] committee noted that alopecia areata is a condition of high unmet need and that treatments are not available equitably across England and Wales, but that the higher prevalence of the condition in some groups cannot be addressed by a technology appraisal.

The [NICE] committee agreed that there were potential equality issues for this appraisal. But the recommendation applies to all groups covered by the marketing authorisation and will improve access to treatment for alopecia areata in the NHS.

- If the SALT scoring alone is used, then all patients where the scalp is not affected could be excluded from treatment.

Note 1: 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

- Ritlecitinib is the first targeted therapy for treatment of severe alopecia areata. Current treatment includes topical corticosteroids, contact immunotherapy (not readily available) and for more severe hair loss corticosteroids and immunosuppression.

Stakeholder views

Comments to be included in the front sheet after consultation

Cost-effectiveness

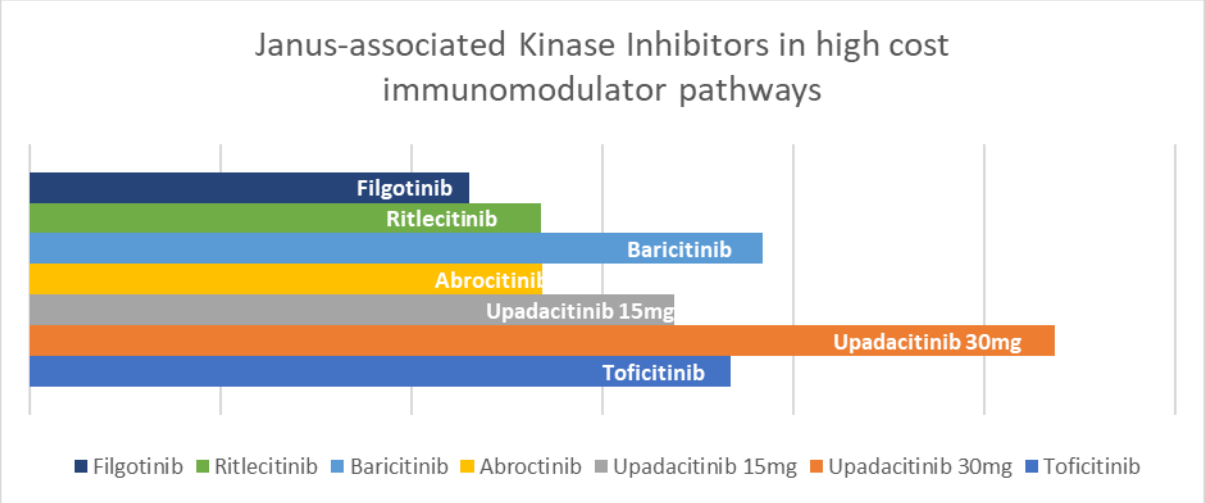
The drug cost per Place according to NICE resources does not exceed £100,000 based on NICE estimates below.

Section 1: cost of the technology

a) Ritlecitinib costs £949.41 per pack of 30 capsules (dictionary of medicines and devices, accessed February 2024).

b) Availability of CAP/PAS price: Yes

c) Price relative to comparable medicines:
JAK inhibitors are NICE recommended in Rheumatology, Dermatology and Gastroenterology. See below for monthly PAS price comparisons of available recommended JAKs for Alopecia Areata and other JAK inhibitors.



Section 2: NICE resource template

Eligible populations forecast per **Surrey Heartlands ICB**

Eligible population and uptake (expert clinical opinion)	Current practice	year 1	year 2	year 3	year 4	year 5
Eligible population (systemics OR ritlecitinib treatment) - adults	228	230	232	234	236	238
Eligible population (systemics OR ritlecitinib treatment) - adolescents	22	22	22	22	22	22
Eligible population - total	**250**	**252**	**254**	**256**	**258**	**260**

Uptake rate for ritlecitinib (JAK) -	0%	22.5%	32.5%	42.5%	50%	50%

NICE estimate that

- 10% of patients will discontinue at 24 weeks
- 50% will discontinue at 52 weeks
- 10% will discontinue at end of a subsequent year

Information from local dermatology teams about potential uptake:

- Ashford & St Peters NHS Foundation Trust – 10 patients per year
- Surrey & Sussex Healthcare NHS Trust– 20 patients per year
- Royal Surrey Hospital NHS Foundation Trust – No Dermatology service

Lead commissioner South-West London for below trusts

- Epsom & St Helier NHS Foundation Trust – TBC
- Kingston NHS Foundation Trust – TBC

Commentary
Taking the above estimates from NICE and from the local dermatology teams, the cost impact (using the PAS price) to Surrey Heartlands ICB will be less that £100k per place per annum.

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.

Implementation

NICE TA implementation must be within 90 days of publication.

Actions to implement:

a. Primary care

- This is a National Tariff excluded high-cost drug and is commissioned by ICSs for use in secondary care. 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.
- Be aware if a patient presents with signs and symptoms of infection.

b. Secondary care

- Providers are NHS hospital trusts.
- Patients should be made aware to monitor for signs and symptoms of infection during and after treatment. Consideration should be given to treatment interruption until infection in controlled.

- 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 using the Blueteq® system.
- Specialists to continue to treat the patient in line with NICE guidance and consideration to stop treatment where there has been satisfactory hair growth or a SALT score of 20 or below (primary outcome in pivotal clinical trial (ALLEGRO 2b/3))
- Homecare arrangements (if agreed) will be managed by the trust.

c. ICS

- This technology is commissioned by integrated care systems.

d. PAD and Joint Formulary

- New PAD profile will be required

Proposed tick box forms
Blueteq® form has been developed below (below on page 8)

References:

1 Summary of Product Characteristics. emc. Available at: www.medicines.org.uk Accessed <19.04.2024>

2 NICE Technology Appraisal Guidance: Available at: https://www.nice.org.uk/guidance/ta958 Accessed <19.04.2024>

3 NICE Resource Impact Template: Available at: https://www.nice.org.uk/guidance/ta958/resources Accessed <19.04.2024>

4 www.alopecia.org.uk Accessed <19.04.2024>

5 www.nice.org.uk Clinical Knowledge Summaries Accessed <19.04.2024>

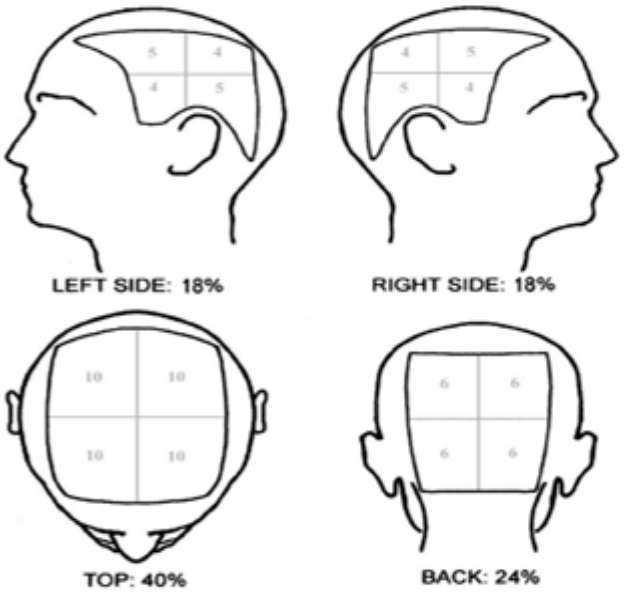
Declaration of interest:

	Name	**Role**	**Date**	**Declaration of interests (please give details below)**
Prepared by	Clare Johns	Lead Pharmacy Technician – Medicines Resource Unit	19/04/2024	None
Reviewed by	Sarah Watkin	Associate Director of Medicines Optimisation		None.

Severity of Alopecia Tool (SALT)

SALT is used to measure the severity of hair loss

The University of Manchester



This diagram show the % area for each scalp region

The whole scalp is 100%

By estimating the area of hair loss in each region we can work out the total % hair loss

The SALT score is out of 100. The higher the score the worse the hair loss

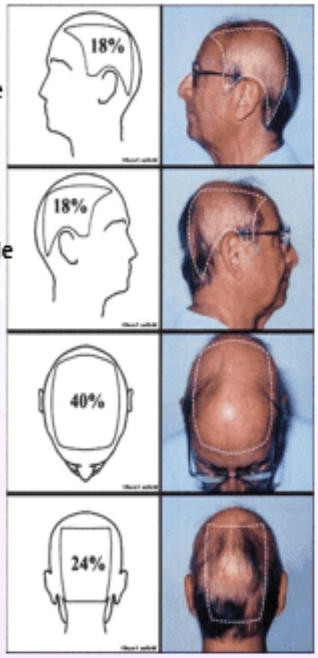
How is it done? Here is an example:

(a) Left side view

(b) Right side view

(c) Top of scalp

(d) Back of scalp



Method 1:

1) Estimate the % hair loss for each view
2) Converted this value for the whole scalp with a simple formula (see example below)

Example:

(a) Left side view: Estimate **95%** hair loss. 95% x 0.18= 17.1
(b) Right side view: Estimate **90%** hair loss. 90% x 0.18 = 16.2
(c) Top of scalp: Estimate **95%** hair loss. 95% x 0.4 = 38
(d) Back of scalp: Estimate **55%** hair loss. 55% x 0.24 = 13.2

A+b+c+d= 17.1+16.2+38+13.2= **84.5% hair loss** or **SALT 84.5**

Method 2:

1) Estimate the actual % for each area without needing to convert the value

Example:

(a) Left side view: Estimate **17%** out of maximum 18%
(b) Right side view: Estimate **16%** out of maximum 18%
(c) Top of scalp: Estimate **38%** out of maximum 40%
(d) Back of scalp: Estimate **13%** out of maximum 24%

A+b+c+d= 17+16+38+13= **84% hair loss** or **SALT 84**

BLUETEQ initiation form

Ritlecitinib for treating severe alopecia areata in people 12 years and over (NICE TA958)	
Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. This patient has alopecia areata and is 12 years or over?	Yes No
2. 2.1. This patient has severe alopecia areata assessed using the Severity of Alopecia Tool (SALT). Please provide score below: SALT score (% scalp hair loss) - 50 or over defines severe alopecia areata) insert number here: **OR (Scalp is not affected – provide information below)** 2.2. If there is a lack of hair on other parts of the body, other than the scalp, and the patient's consultant considers that the patient has severe alopecia areata. Please provide details of severity here: AND Provide a DLQI score here:	Yes No
3. FOR INFORMATION ONLY Specialists should consider stopping treatment if, at review, the SALT score has improved to less than or equal to 20% scalp hair loss (0-20%). Reference: primary outcome in pivotal clinical trial or when the patient has satisfactory hair growth Consideration should be given to discontinuing patients who show no evidence of therapeutic benefit after 36 weeks. There is no evidence available from the clinical trials (to date) to show what happens to hair growth once ritlecitinib is stopped.	