Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

Briefing Paper for Surrey Heartlands Integrated Care System (ICS) Area Prescribing Committee (APC)

NICE Technology Appraisals: Local implementation

NICE TA Guidance	Upadacitinib for treating active ankylosing spondylitis (TA829)		
Available at	https://www.nice.org.uk/guidance/ta829		
Date of issue	30 September 2022	**Implementation deadline**	30th October 2022 (slight breach of 30 day implementation deadline)

Medicine details	
Name, brand name	Upadacitinib (Rinvoq)
Manufacturer	AbbVie
Licensed indication	RINVOQ is indicated for the treatment of active ankylosing spondylitis in adult patients who have responded inadequately to conventional therapy.
Formulation	Each **prolonged-release tablet** contains upadacitinib hemihydrate, equivalent to 15mg of upadacitinib. Note; other strengths are available, but only the 15mg is licenced for use in ankylosing spondylitis
Usual dosage	The dosage schedule for upadacitinib is available in the summary of product characteristics for upadacitinib.
NICE, recommended dosage/schedule	As above

Disease and potential patient group	
Brief description of disease	Ankylosing spondylitis (AS) is a long-term condition in which the spine and other areas of the body become inflamed. AS tends to first develop in teenagers and young adults. It's also around 2 times more common in men than in women. The symptoms of AS can vary, but usually involve: • back pain and stiffness • pain and swelling in other parts of the body – caused by inflammation of the joints (arthritis) and inflammation where a tendon joins a bone (enthesitis) • extreme tiredness (fatigue) These symptoms tend to develop gradually, usually over several months or years, and may come and go over time. In some people the condition gets better with time, but for others it can get slowly worse.
Potential patient numbers per	Information below taken from the NICE resource template. See Appendix 1 below

100,000	

SUMMARY

NICE recommendation

1.1 Upadacitinib 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 upadacitinib according to the commercial arrangement.

1.2 If patients and their clinicians consider upadacitinib to be one of a range of suitable treatments (including secukinumab and ixekizumab), choose the least expensive treatment, taking into account administration costs, dosage, price per dose and commercial arrangements.

1.3 Assess response to upadacitinib 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 spinal pain VAS and make any adjustments needed.

1.5 These recommendations are not intended to affect treatment with upadacitinib 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

Usual treatment for active ankylosing spondylitis in adults that is not controlled well enough with conventional therapy, and when TNF-alpha inhibitors are not suitable or do not control the condition well enough, is secukinumab or ixekizumab. Upadacitinib is another treatment that works in a similar way.

Evidence from clinical trials shows that upadacitinib is more effective than placebo. Indirect comparisons of upadacitinib with secukinumab and ixekizumab suggest they have similar clinical effectiveness.

A cost comparison suggests upadacitinib has similar costs and overall health benefits as secukinumab and ixekizumab. So upadacitinib is recommended for treating active ankylosing spondylitis in adults if it is used in the same population as secukinumab and ixekizumab.

Cost implications*

Cost of product:

The list price is £805.56 per 28-tablet pack, with each tablet containing 15 mg of upadacitinib

(excluding VAT; BNF online, accessed June 2022). The annual cost of treatment with one 15-mg tablet per day is £10,501.05 (excluding VAT; BNF online, accessed June 2022)

The company has a commercial arrangement. This makes upadacitinib 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.

Annual cost per patient from information above (outside of commercial arrangement)

Upadacitinib (oral treatment)
15mg - £10,472.28 / year

Has dose escalation been considered as part of the NICE costing template?
Dose escalation from 15mg daily was not included within the product licence at time of publication, nor was it used in cost calculations.

Costing information/100,000 population and per CCG:
NICE does not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).
This is because the technology is a further treatment option, and the overall cost of treatment will be similar.

Availability of PAS and details (if appropriate): There is a simple discount patient access scheme for upadacitinib. NHS organisations can get details on the Commercial Access and Pricing (CAP) Portal. Non-NHS organisations can contact pricing@abbvie.com for details.

Availability of homecare service (if appropriate): Yes, if provider arranges for contract

**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 / per month as appropriate)

Other NICE recommended products:
There is a NICE guideline for Spondyloarthitis in over 16s: diagnosis and management.
It was last reviewed in June 2017 and does not yet include the use of this drug.

Currently there are NICE Technology Appraisals for the following drugs (ranked by cost):

1. Etanercept
2. Adalimumab / Infliximab*
3. Upadacitinib
4. Secukinumab
5. Ixekizumab
6. Golimumab
7. Certolizumab / Infliximab*

Non-steroidal anti-inflammatory drugs (NSAIDs) are the standard first line treatment.

*It should be noted that infliximab was not included in the NICE calculator supplied with this Technology Appraisal, this could be due to relatively low uptake vs the other drugs available. Intravenous Infliximab acquisition cost is comparable to adalimumab but incurs an IV admin cost. Subcut infliximab is significantly less cost effective.

Options not reviewed by NICE but used in standard practice:
None

Impact to patients

- Another treatment option will be welcomed by patients, especially as the treatment pathway for ankylosing spondylitis is restricted to 2 modes of action currently.
- Upadacitinib is an oral agent, this may be preferred over the injectable products for those who cannot tolerate injections or have an ethical or religious objection to using biologic drugs.
- Upadacitinib has a different mode of action to those drugs currently available to patient with ankylosing spondylitis and patients would appreciate be able to access treatment with this drug.
- Upadacitinib could/should be made available under a homecare service so will be delivered directly to the patient.

Impact to primary care prescribers

- Primary care prescribers should be aware that their patient is receiving one of these drugs 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.
- Patients eligible for these treatments will already be known to the rheumatology clinics, so there will be very low impact to clinic capacity from current levels.

Impact to Integrated Care Board

- The technology is commissioned by integrated care systems, and they are required to comply with the recommendations of this NICE TA within 30 days of its date of publication. Providers are NHS hospital trusts.
- This guidance introduces another line of treatment into the current treatment pathway i.e. there will now be 3 lines of treatment available to patients.

Implementation

- NICE TA implementation must be within 30 days of publication.
- Blueteq forms to be developed
- Trusts to follow internal governance procedures to add these drugs to their formulary, so that prescribers can initiate use as per NICE TA.
- Trusts to ensure that these drugs are available to prescribe to patients via the homecare route as appropriate.
- Axial spondyloarthritis high-cost drugs pathway to be discussed at Rheumatology Network (attached pathway as example)

Recommendation to APC

PbRe: Yes

Colour classification guidelines

Recommended traffic light status (see attached guidelines):

RED (due to its PBR status)

Additional comments:
None

Area Prescribing Committee - Decision-making criteria

1	National guidance and priorities	• NICE published this Technology Appraisal (TA829) on 30th September 2022 with a 30-day implementation deadline. • Surrey Heartlands ICB is mandated to fund this treatment.
2	Clinical effectiveness	• Upadacitinib is to be used as per its licensed indication only, and as per the NICE guidance recommendations. NICE concluded

		that this drug is at least as clinically effective as other drugs available. • Use of upadacitinib (within licence) is restricted to adults only.
3	Patient safety	• Upadacitinib is licensed for this indication in the UK. It is to be taken by mouth only. • As with all systemic immunosuppressants, prescribers should be aware of patient risk of reduced immune response to infection, and this should be considered when triaging patient exhibiting symptoms. GP practice records should be maintained accordingly (this should be reiterated in the PAD narrative). • JAK inhibitors, such as upadacitinib, are associated with raised incidence of VTE and PE episodes (tofacitinib, not offered in ankylosing spondylitis, but a JAK inhibitor, is subject to MHRA alert October 2021), and also of raising blood-lipid levels. Prescribing clinicians are already aware of and monitor/counsel patients accordingly.
4	Patient factors	• Upadacitinib constitutes an alternative option for those patients who have yet to try a JAK inhibitor • Upadacitinib (as a new class of drug) adds a further therapeutic line to the current treatment pathway. Patients will now have 3 lines of treatment available within the high-cost axial spondyloarthritis pathway. • Patient education materials are provided. • Alternative options / products are now available to those patients who will not/cannot use injectable products.
5	Environmental impact	• **Packaging waste** from upadacitinib would be additional to usual municipal waste recycling or landfill. • Discharge into the **wastewater** system (post-metabolism) from an individual patient is unlikely to have a significant impact short term, however the long-term impact to the water ecosystem is unknown.
6	Equality & diversity	• **Age** – Upadacitinib is only licensed for adult patients – younger patients will not be able to access this treatment under this TA. 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. This includes drugs normally commissioned by CCGs/ICS in adults (e.g. adalimumab, etanercept, infliximab, etc). Please note that medicines funded under the NHS England Medicines for Children Policy may have additional criteria with respect to access.
7	Place in therapy relative to available treatments	• Upadacitinib, as a new class of treatment, constitutes an additional line of treatment. The current treatment pathway will be amended accordingly.
8	Stakeholder views	• Specialist clinicians who sit in the Surrey Rheumatology Network and the wider APC audience have been consulted on this paper. Comments received are incorporated elsewhere.
9	Cost-effectiveness	• A NICE conducted cost comparison suggests upadacitinib has similar costs and overall health benefits as secukinumab and ixekizumab. So upadacitinib is recommended for treating active ankylosing spondylitis in adults if it is used in the same

		population as secukinumab and ixekizumab.
10	Additional funding required	• Not applicable, budget uplift anticipated as per NICE cost calculations from DOHSC. • Anticipated cost is less than £100k/Place/annum financial threshold for APC decisions.
11	Identified implementation issues	• None identified, prescribing, administration and supply will be the same as for other drugs already used in the treatment pathway. Drugs should be identified as RED (hospital use only), and extra workload will be minimal as patients will already be known to the clinics involved. GPs should continue to ensure patient practice records are kept up to date.

References:

1 Upadacitinib for treating active ankylosing spondylitis TA829. Available at https://www.nice.org.uk/guidance/ta829 Accessed 05 October 2022

2 eMC RINVOQ 15 mg prolonged-release tablets (Great Britain) - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) Accessed 05 October 2022

3 Ankylosing spondylitis - NHS (www.nhs.uk) Accessed 05 October 2022

4 NICE Resource impact statement and template. Available at Tools and resources | Upadacitinib for treating active ankylosing spondylitis | Guidance | NICE Accessed 05 October 2022