NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Sparsentan for treating primary IgA nephropathy

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of sparsentan within its marketing authorisation for treating primary IgA nephropathy.

Background

IgA nephropathy (also known as Berger's disease) is a chronic autoimmune kidney disease. It causes a build up of IgA containing immune complexes in the glomeruli of the kidneys. This causes inflammation and damage in the glomeruli and reduces their function, eventually leading to scarring of the whole kidney.[1-4] In IgA nephropathy, both kidneys are affected equally.[5] The condition is commonly classified as primary or secondary, with secondary disease associated with comorbidities such as IgA vasculitis and chronic liver disease.[6] The presentation of IgA nephropathy varies considerably and, in its early stages, may have no symptoms. The most common symptoms are blood or protein in the urine (haematuria or proteinuria).[5] IgA nephropathy is also associated with complications from reduced kidney function to high blood pressure, high cholesterol and cardiovascular problems. The rate of progression is variable, although ongoing decline in glomerular function may eventually lead to kidney failure, requiring transplant or life-long dialysis.[5] A particularly severe form of the disease known as rapidly progressive IgA nephropathy has been reported in a small proportion of people.[7]

It is estimated that around 4 in 10,000 people have primary IgA nephropathy in Europe.[8] Between 20% to 40% of people with IgA nephropathy develop kidney failure within 10 to 20 years of diagnosis, leading to end stage kidney disease in around 15% to 50% of people throughout their lifetime.[1,9]

There is no cure for IgA nephropathy. The aim of current treatment is to prevent or delay kidney failure and associated complications. Initial treatment focuses on reducing protein levels in the urine and blood pressure. Antihypertensives such as angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) are given at the maximum tolerated licensed doses.[7] Supportive care also includes dietary modification and exercise with or without diuretics to remove extra fluid from the blood and reduce cholesterol levels. Some people remain at high risk of progression despite optimised supportive care with lifestyle modifications and the maximum tolerated licensed doses of ACE inhibitors or ARBs. Second-line treatments are offered to people with more than 1 gram of proteinuria per day. Second-line treatments may include glucocorticoids, sodium-glucose cotransporter-2 (SGLT2) inhibitors or entry into a clinical trial. Clinical experts explained that the use of glucocorticoids is rare or limited because of safety concerns associated with systemic use. SGLT2 inhibitors are being increasingly used since NICE technology appraisal guidance 775 was published. People with severely reduced kidney function may need dialysis or a kidney transplant.

The technology

Sparsentan (brand name unknown, Vifor Pharma) does not currently have a marketing authorisation in the UK for treating primary IgA nephropathy it has been studied in clinical trials compared with irbesartan in adults with IgA nephropathy at high risk of progression despite being on a stable dose of an ACE inhibitor or ARB.

Intervention(s)	Sparsentan
Population(s)	Adults with primary IgA nephropathy
Subgroups	If the evidence allows the following subgroups will be considered: • People with rapidly progressive IgA nephropathy
Comparators	Established clinical management without sparsentan, such as ACE inhibitors and ARBs at the maximum tolerated licensed doses, diuretics and dietary and lifestyle modification, with or without: • Glucocorticoids • SGLT2 inhibitor • Other immunosuppressive agents (such as cyclophosphamide and mycophenolate mofetil) • Targeted-release budesonide (subject to NICE evaluation)
Outcomes	The outcome measures to be considered include: • proteinuria (for example, change from baseline in urine protein creatine ratio) • kidney function (eGFR) • disease progression (dialysis and/or transplant) • mortality • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective.

	The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	**Related technology appraisals:** Dapagliflozin for treating chronic kidney disease (2022) NICE technology appraisal guidance 775. **Related technology appraisals in development:** Targeted-release budesonide for treating IgA nephropathy. NICE technology appraisal guidance [ID1434] Publication expected January 2024. **Related NICE guidelines:** Chronic kidney disease: assessment and management (2021) NICE guideline NG203.
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2018) NHS manual for prescribed specialist services (2018/2019), Chapter 15. Adult specialist renal services

Questions for consultation

What is the existing care pathway for primary IgA nephropathy?

Where do you consider sparsentan will fit into the existing care pathway for primary IgA nephropathy?

Would sparsentan be a candidate for managed access?

Do you consider that the use of sparsentan can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which sparsentan will be licensed;

- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE intends to evaluate this technology through its Single Technology Appraisal process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

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3. Rodrigues JC, Haas M and Reich HN. IgA Nephropathy. Clinical journal of the American Society of Nephrology: CJASN. 2017; 12: 677-86.

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5. IgA Nephropathy Foundation. (2021) IgA Nephropathy – What You Need to Know. (Accessed August 2023)

6. Wang M, Lv J, Zhang X, Chen P, Zhao M and Zhang H. Secondary IgA Nephropathy Shares the Same Immune Features With Primary IgA Nephropathy. Kidney international reports. 2020; 5: 165-72.

7. International Society of Nephrology (ISN). (2021) Kidney Disease: Improving Global Outcomes (KDIGO) (Accessed August 2023)

8. European Medicines Agency (EMA). (2020) Orphan designation for the treatment of primary IgA nephropathy. (Accessed August 2023)

9. Vecchio M, Bonerba B, Palmer SC, et al. Immunosuppressive agents for treating IgA nephropathy. The Cochrane database of systematic reviews. 2015: Cd003965.