NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Nemolizumab for treating prurigo nodularis

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness nemolizumab within its marketing authorisation for treating prurigo nodularis in adults

Background

Prurigo nodularis, also known as nodular prurigo, is a chronic inflammatory skin condition.[1] Prurigo describes the changes that appear on the skin after it has been scratched for a long time due to intense itchiness (pruritus).[6] In prurigo nodularis, firm bumps (nodules) form on the skin's surface. It is associated with intense itching (pruritis). The rash can range in severity from a few to several hundred nodules which appear most commonly on the arms, legs, upper back and abdomen. It may appear on its own or be associated with other skin diseases or underlying conditions. The itch associated with prurigo nodularis can interfere with sleep and affect psychological wellbeing.[1]

The cause of prurigo nodularis is unknown. However, it is associated with abnormal levels of nerve fibres and neuropeptides which may contribute to itchiness. People with prurigo nodularis also have higher levels of immune cells which produce cytokines associated with inflammatory responses that may contribute to increased itchiness.[1]

The number of people with prurigo nodularis is uncertain but it is estimated that 0.03% of the population, around 18,400 people in England have the condition.[2 3] Any age group can be affected. [2 3]

The treatments for prurigo nodularis aim to stop the skin itching. These include emollients, corticosteroid creams, ointments such as tacrolimus (a calcineurin inhibitor, used off-label), antihistamines, oral steroids and ultraviolet light treatment. Immunosuppressants such as azathioprine, ciclosporin or methotrexate may be used if the condition is severe and has not responded to previous treatments.[2]

The technology

Nemolizumab (brand name unknown, Galderma) does not have a marketing authorisation for prurigo nodularis. It has been studied in placebo controlled studies in adults with prurigo nodularis.

Intervention(s)	Nemolizumab
Population(s)	Adults with prurigo nodularis

Subgroups	If the evidence allows the following subgroup will be considered: • skin colour subgroups
Comparators	established clinical management without nemolizumab, including: • topical emollients • topical corticosteroids • topical calcineurin inhibitors • antihistamines • oral corticosteroids • phototherapy • immunosuppressive therapies (azathioprine, ciclosporin, methotrexate or thalidomide) • antidepressants including selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs)
Outcomes	The outcome measures to be considered include: • measures of disease severity • measures of symptom control including improvement in itch • disease free period/maintenance of remission • time to relapse/prevention of relapse • 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:** Dupilumab for treating prurigo nodularis.(2024) NICE technology appraisal guidance 955.
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2023) Manual for prescribed specialist services (2023/2024)

References

1. National Organization for Rare Disorders (NORD) (2021). Prurigo Nodularis. Accessed March 2024

2. British Association for Dermatologists (2020). Nodular prurigo. Accessed March 2024.

3. Epidemiology of prurigo nodularis in England: a retrospective database analysis. Morgan et al. 2022