NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Elafibranor for treating primary biliary cholangitis [ID6331]

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of elafibranor within its marketing authorisation for treating primary biliary cholangitis.

Background

Primary biliary cholangitis (PBC), also known as primary biliary cirrhosis, is a chronic and progressive autoimmune disease. PBC leads to a build-up of bile in the liver. It causes damage to the liver and to the small interlobular bile ducts, leading to impairment of bile flow from the liver to the small intestine (cholestasis). PBC can cause the formation of excess fibrous connective tissue (fibrosis) and can lead to scarring of the liver (cirrhosis). The cause of PBC is unknown but is thought to be a mix of environmental and genetic triggers. Not all people with PBC experience symptoms, and many do not have any symptoms until significant liver damage has occurred. The most common symptoms are fatigue and itchy skin (pruritus).

There are around 20,000 people living with PBC in the UK.[1] It has a prevalence of around 35 per 100,000 people and an annual incidence of 2 to 3 per 100,000 people.[1] Approximately 90% of the people who have PBC are women, with 25% of these being under 40 years of age.[2]

Treatment for PBC aims to alleviate symptoms and slow disease progression. Treatments for PBC in the UK include ursodeoxycholic acid and obeticholic acid. Ursodeoxycholic acid is the preferred first-line treatment, however some people do not respond completely to it or cannot tolerate it. NICE technology appraisal (TA443) recommends obeticholic acid in combination with ursodeoxycholic acid for people whose disease has responded inadequately to ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid. Treatments are also available for some symptoms associated with PBC. Itching can be treated with colestyramine (previously cholestyramine) and rifampicin. There are currently no known treatments for fatigue related to PBC. A liver transplant is the only treatment when significant liver damage endangerers life. A transplant will cure itching and other symptoms, but fatigue may persist.[3]

The technology

Elafibranor (brand name unknown, Ipsen Limited) does not currently have a marketing authorisation in the UK for primary biliary cholangitis. It is being studied in clinical trials compared with placebo in adults aged between 18 to 75 years who had been taking ursodeoxycholic acid for at least 12 months prior to screening visit or who were unable to tolerate ursodeoxycholic acid.

Intervention(s)	Elafibranor alone or in combination with ursodeoxycholic acid
Population(s)	Adults with primary biliary cholangitis whose disease has an inadequate response to, or who are unable to tolerate, ursodeoxycholic acid
Comparators	For people whose disease has an inadequate response to ursodeoxycholic acid: • Obeticholic acid in combination with ursodeoxycholic acid • Ursodeoxycholic acid monotherapy Where ursodeoxycholic acid cannot be tolerated: • Obeticholic acid monotherapy • Best supportive care
Outcomes	The outcome measures to be considered include: • mortality • liver function based on markers of liver biochemistry • symptoms including pruritus, fatigue and abdominal pain • time to liver transplantation • primary biliary cholangitis related consequences, including ascites, varices, encephalopathy and hepatic cell carcinoma • 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.
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:** 'Obeticholic acid for treating primary biliary cholangitis' (2017) NICE technology appraisal guidance 443 **Related NICE guidelines:**

	Cirrhosis in over 16s: assessment and management. (2016) NICE guideline NG50
Related National Policy	NHS England commissions specialist services for Primary Biliary Cirrhosis (PBC) under its policy for liver transplantation services in adults and children Source: Prescribed Specialised Services Manual Page 200 NHS England (2023) NHS Outcomes Framework Indicators – March 2022 Domains 1 The NHS Long Term Plan (2019) The NHS long term plan NHS England (2013) 2013/14 NHS standard contract for hepatobiliary and pancreas (adult) Department of Health and Social Care (2016) NHS outcomes framework 2016 to 2017 NHS Digital (2022) NHS Outcomes Framework England, March 2022 Annual Publication

References

1. UK-PBC Epidemiology of PBC [online; accessed; 27 October 2023]
2. NORD Primary Biliary Cholangitis [online; accessed 27 October 2023]
3. NHS Primary Biliary Cholangitis [online; accessed 27 October 2023]

