Appendix B

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Health Technology Appraisal

Naloxegol for treating opioid-induced constipation

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of naloxegol within its licensed indication for treating opioid-induced constipation.

Background

Opioid analgesics, such as morphine, are widely used for the treatment of pain. Opioid receptors are present in the gastrointestinal tract and when opioids bind to these receptors, they can disrupt normal gastrointestinal function, resulting in bowel dysfunction. Constipation is one of the most common and debilitating symptoms of opioid-induced bowel dysfunction.

Opioid-induced constipation is considered to be a side effect that will affect nearly all patients taking strong opioid treatment and that will persist unless treated. Each year, approximately 77,000 people with cancer are likely to experience some degree of opioid-induced constipation in England and Wales. It is expected that the prevalence of opioid-induced constipation in people with all types of pain is considerably higher.

NICE clinical guideline No. 140 recommends laxative treatment to be taken regularly at an effective dose for all patients initiating strong opioids. When oral laxative therapy is ineffective at producing a bowel movement, a suppository or enema may be appropriate.

The technology

Naloxegol (Brand name unknown, AstraZeneca) is a pegylated form of naloxol, an analogue of the opioid receptor antagonist naloxone that selectively antagonises peripheral opioid receptors to relieve constipation. It is administered orally.

Naloxegol does not currently have a UK marketing authorisation for treating opioid-induced constipation. It has been studied in clinical trials compared with placebo and usual care in adults with non-cancer pain and cancer pain and opioid-induced constipation, including those patients for whom laxatives have been ineffective in providing adequate relief.

Intervention(s)	Naloxegol
Population(s)	People with opioid-induced constipation

Comparators	• oral laxative treatment without naloxegol • rectal interventions (e.g. suppositories and enemas) • manual evacuation.
Outcomes	The outcome measures to be considered include: • frequency of spontaneous bowel movements • symptoms of constipation • use of rescue medication or interventions • 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	If the evidence allows the following subgroup will be considered: • people for whom previous treatment with laxatives has been unsuccessful in providing adequate relief. Guidance will only be issued in accordance with the marketing authorisation.
Related NICE recommendations and NICE pathways	Related Technology Appraisals: Technology Appraisal in Preparation, 'Lubiprostone for treating opioid-induced constipation in people with chronic, non-cancer pain'. Earliest anticipated date of publication TBC. Related Guidelines: Clinical Guideline No. 140, May 2012, 'Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults'. Review proposal date TBC. Related Pathways: NICE Pathway: 'Opioids in palliative care', Pathway

	created Jun 2012: http://pathways.nice.org.uk/pathways/opioids-in-palliative-care#content=view-node%3Anodes-communication-and-review.
Related NHS England Policy	None

Questions for consultation

Have all relevant comparators for naloxegol been included in the scope? Which treatments are considered to be established clinical practice in the NHS for opioid-induced constipation?

In UK clinical practice, where would naloxegol most likely to be used in the treatment pathway for opioid-induced constipation?

Is the subgroup suggested in 'other considerations' appropriate? Are there any other subgroups of people in whom the technology is expected to be more clinically effective and cost effective or other groups that should be examined separately?

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 naloxegol 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.

Do you consider the technology to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?

Do you consider that the use of the technology can result in any potential significant and 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 Appraisal Committee to take account of these benefits.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/technology_appraisal_process_guides.jsp)

Subject to referral by the Department of Health, the invite for participation in this technology appraisal is anticipated for after January 2014, when new arrangements for the pricing of pharmaceuticals are expected to be in place. Consequences for this appraisal will be explored through further consultation on the scope pre-invitation.