Inflectra - Request for new evidence in Rheumatoid Arthritis

Multiple Technology Appraisal (MTA): Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed [ID537]

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Hospira would like to propose that in-market tender prices should be used for economic modelling for this MTA. Infliximab is a tendered market place and the frameworks are awarded by the Commercial Medicines Unit.

The annual costs of treatment with each of the biological DMARDs under consideration are summarised in Table 1.

Table 1 Annual costs of treatment of severe rheumatoid arthritis with biological DMARDs

DMARD	Mode of administration	Annual cost (£)*
Adalimumab	SC	9,155.64
Etanercept	SC	9,295.00
Remicade (originator infliximab)	IV	7,049.62 (first year); 5,727.81 (subsequent years)
Inflectra (infliximab biosimilar)	IV	6,344.69 (first year); 5,155.06 (subsequent years)
Certolizumab pegol†	SC	10,367.50 (first year); 9,295 (subsequent years)
Golimumab	SC	9,155.64
Abatacept[ζ]	IV or SC	IV:12,700.80 (first year); 11,793.60 (subsequent years) SC: £907.20 (first year); £15,724.80 (subsequent years)
Tocilizumab[ζ]	IV[#]	9,318.40

* Using list prices from the British National Formulary, April 2015. † The list price is provided here; through the patient access scheme, the first 12 weeks of therapy with certolizumab pegol are free of charge. ζ Available at a discount via a patient access scheme; the level of discount is commercial in confidence. # Tocilizumab may be administered subcutaneously; however, the subject of this appraisal is the IV formulation of tocilizumab for rheumatoid arthritis that has been previously treated with methotrexate. SC, subcutaneous; IV, intravenous

i. The list price of the biosimilar infliximab Inflectra, is lower than that of the proprietary infliximab (Remicade).

ii. There is also potential for additional cost savings associated with Inflectra versus all comparators, due to the provision of Inflectra on NHS tender frameworks at prices lower than the NHS list price.

There are differences in price between tender regions as the prices are based on the current market size for infliximab. The lowest Inflectra in-market tender price of ([redacted]) is at [redacted] discount off the proprietary infliximab (Remicade) list price; the highest Inflectra in-market price [redacted] is at [redacted] discount off the proprietary infliximab (Remicade) list price.

The NHS tendering process is complete and the in-market prices are nationally available within the range of [redacted] and [redacted] discount off the proprietary infliximab (Remicade) list price.

Each NHS tender region applies different timeframes to the tender frameworks. In this case the shortest framework is 10 months and the longest 24 months. The Commercial Medicines Unit issues re tender information towards the end of each framework period. Experience tells us that re tendered prices inevitably fall.

Differences in cost between Inflectra and proprietary infliximab (Remicade) are due to drug costs alone, not due to dosing, as the treatment schedule is the same for both drugs, as stated below:

- 3 mg/kg given as an intravenous infusion followed by additional 3 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 6 to 8 weeks.
- If a patient does not respond by 6 weeks (i.e. after 2 doses), no additional treatment with infliximab should be given.

Furthermore, using the tender prices would lead to an even lower ICER compared with Remicade than when the Inflectra list price is used, rendering the treatment even more cost effective. This could have a considerable effect on treatment costs over the lifetime treatment of patients. Thus using Inflectra in preference to Remicade could provide cost savings to the National Health Service (NHS).

Hospira requests that the Appraisal Committee take into consideration that Inflectra is offered across a range of in-market tender (contract) prices based on the size of the regional market. The tendering process for Inflectra is complete and the tender prices are now available. The lowest Inflectra in-market tender price of [redacted] is at [redacted] discount of the Remicade list price; the highest Inflectra in-market price [redacted] is at [redacted] discount of the Remicade list price. Hospira suggests that the Assessment Group consider in-market tender prices for Inflectra in the appraisal as they represent the actual cost to the NHS in clinical practice.

Finally, Hospira would like the Committee to consider that precedent was set in the approach of using in-market tender prices with the NICE technology appraisal of erythropoiesis-stimulating agents (ESAs)

[TA323]; (NICE final guidance [TA323], 2014). In a scenario analysis, the Assessment Group applied the best contract prices (those reflecting the highest discounts from list price) available for the ESAs to its base-case analysis, rather than the prices listed on the British National Formulary. The Committee concluded that the contract prices of the ESAs were the most relevant prices as they reflected the actual prices paid by the NHS for ESAs based on a 'price-volume' agreement with the companies (NICE final guidance [TA323], 2014).

References

National Institute for Health and Care Excellence (NICE); 2015. Rheumatoid arthritis - adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, abatacept and tocilizumab - review [ID537]: appraisal consultation document, June 2015.

European Medicines Agency (EMA); 2015. Inflectra (infliximab), April 2015. Available at: http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/medicines/002778/human_med_001677.jsp&mid=WC0b01ac058001d124. Last accessed: 2nd July 2015.

National Institute for Health and Care Excellence (NICE); 2014. Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy (including review of TA142). NICE technology appraisal guidance [TA323], November 2014.