NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Health Technology Appraisal

Naltrexone-bupropion (prolonged release) for treating obesity and overweight

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of naltrexone-bupropion prolonged release within its licensed indication for treating adults who are overweight or obese.

Background

Obesity is a chronic condition characterised by increased body fat, which poses a significant risk to health. The most common method for measuring obesity is body mass index (BMI) which is calculated as the ratio of weight to height squared. In adults of European family origin, overweight is typically defined by a BMI of 25 kg/m^2 to 29 kg/m^2 and obesity by a BMI of 30 kg/m^2 or more (an appropriate adjustment of BMI for other ethnic groups is necessary).

In 2011, 62% of adults in England were overweight or obese. The prevalence of obesity is rising and it is predicted that obesity will affect 60% of adult men and 50% of adult women by 2050. Prevalence also varies among ethnic groups.

People with obesity are at an increased risk of developing cardiovascular disease, type-2 diabetes, atherosclerosis (the presence of fatty deposits in the arteries), hypertension and dyslipidaemia (abnormal levels of fats in the blood).

Current treatment of obesity includes dietary and lifestyle advice, pharmacological treatments and surgical intervention. NICE clinical guideline 43 ('Obesity: the prevention, identification, assessment and management of obesity in adults and children') originally recommended sibutramine for the treatment of obesity in certain circumstances. These recommendations have been withdrawn because of the suspension of the marketing authorisation for sibutramine. The clinical guideline now recommends that drug therapy with orlistat should only be considered after dietary, exercise and behavioural approaches have been started and evaluated. It recommends orlistat for the management of obesity in people with a BMI of 30 kg/m^2 or more, and in people with a BMI of 28 kg/m^2 or more and significant co-morbidities.

The technology

Naltrexone-bupropion (Contrave, Orexigen) is a fixed dose combination of naltrexone and bupropion administered orally in a single tablet. Naltrexone is an opioid receptor antagonist and bupropion is a dopamine and noradrenaline reuptake inhibitor. Naltrexone-bupropion stimulates pro-opiomelanocortin neuronal firing and modulates food cravings through an effect on the reward pathways of the brain.

Naltrexone-bupropion does not currently have a UK marketing authorisation for treating adults who are overweight or obese. It has been studied in clinical trials alone and in combination with behaviour modification compared with placebo and with self-directed lifestyle intervention. The trials included adults aged 18 years and older with a BMI between 27 kg/m^2 and 50 kg/m^2.

Intervention(s)	Naltrexone-bupropion in combination with behaviour modification.
Population(s)	Adults who are obese or overweight with 1 or more comorbidities.
Comparators	Orlistat (high dose or low dose preparations) in combination with behaviour modification.
Outcomes	The outcome measures to be considered include: • change in BMI • percent change in weight • change in conditions associated with obesity (such as diabetes, hypertension, dyslipidaemia) • 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, subgroups of people who are overweight (BMI between 25 and 29.9 kg/m^2) and people with obesity (BMI of 30 kg/m^2 or more) will be considered. The need for different BMI ranges for people from certain ethnic backgrounds will be considered. Guidance will only be issued in accordance with the marketing authorisation.
Related NICE recommendations and NICE Pathways	Related Technology Appraisals: Suspended Technology Appraisal, 'Lorcaserin hydrochloride for the treatment of obesity and overweight'. Suspended Technology Appraisal, 'Phentermine with topiramate for the treatment of obesity and overweight'. Withdrawn Technology Appraisal No. 144, Jun 2008, 'Rimonabant for the treatment of overweight and obese adults'. (Withdrawn due to suspension of the marketing authorisation by the EMA.) Related Guidelines: Guideline in development 'Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (update)'. Earliest anticipated date of publication TBC. Clinical Guideline No. 43, Dec 2006, 'Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children'. Currently being updated. Related Interventional Procedures: Interventional Procedure Guideline No. 432, Nov 2013, 'Laparoscopic gastric plication for the treatment of severe obesity'. Interventional Procedure Guidance No. 471, Nov 2012, 'Implantation of a duodenal-jejunal bypass sleeve for managing obesity'. Related Public Health Guidance/Guidelines: Public Health Guideline in development 'Managing overweight and obesity in adults – lifestyle weight management services'. Expected date of issue May 2014. Public Health Guideline No. 47, Oct 2013, 'Managing overweight and obesity among children and young

	people'. Review proposal date Nov 2016. Public Health Guideline No. 42, Nov 2012, 'Obesity – working with local communities'. Review proposal date Dec 2015. Related Quality Standards: Obesity (adults) (referred to NICE, not yet in development). Obesity (children) (referred to NICE, not yet in development). Obesity: prevention and management in adults (referred to NICE, not yet in development) Obesity: prevention and management in children. In progress. Expected date of issue Dec 2014. Related NICE Pathways: NICE Pathway: Obesity, Pathway created: Oct 2013. http://pathways.nice.org.uk/pathways/obesity NICE Pathway: Obesity: working with local communities, Pathway created: Nov 2012. http://pathways.nice.org.uk/pathways/obesity-working-with-local-communities
Related National Policy	NHS England (2013) '2013/14 NHS Standard contract for severe and complex obesity (all ages)'. A05/S/a. NHS England (2013) 'Clinical commissioning policy and specialised obesity surgery'. NHS England/A05/P/a.

Questions for consultation

Have all relevant comparators for naltrexone-bupropion (prolonged release) been included in the scope?

- Which treatments are considered to be established clinical practice in the NHS for obesity?

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

Where do you consider naltrexone-bupropion will fit into the existing NICE pathway, Obesity?

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 naltrexone-bupropion (prolonged release) 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 naltrexone-bupropion;

- 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 naltrexone-bupropion 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 naltrexone-bupropion 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 naltrexone-bupropion 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)