NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Filgotinib for moderate to severe rheumatoid arthritis (TA676)

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Summary

NICE has recommended filgotinib for moderate to severe rheumatoid arthritis in accordance with specific criteria in the recommendations.

We estimate that:

- 48,000 people with severe rheumatoid arthritis are eligible for treatment with filgotinib
- 26,900 people with moderate rheumatoid arthritis are eligible for treatment with filgotinib
- 4,000 people will receive filgotinib for moderate rheumatoid arthritis from year 2023/24 onwards once the market share has reached 15% as shown in table 1.

The market share for filgotinib for people with severe rheumatoid arthritis should be estimated locally as there are numerous treatment options for this patient group. It is available at a similar price to current treatments and therefore the resource impact for people with severe rheumatoid arthritis is not anticipated to be significant.

Table 1 Estimated number of people in England receiving filgotinib for moderate rheumatoid arthritis

Financial years:	2020/21	2021/22	2022/23	2023/24	2024/25
Market share for filgotinib (%)	0%	1%	8%	15%	15%
Population receiving filgotinib each year	0	270	2,200	4,000	4,000

This report is supported by a local resource impact template because the list price of filgotinib has a discount that is commercial in confidence. The discounted price of filgotinib can be put into the template and other variables may be amended.

This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts.

1 Filgotinib

1.1 NICE has recommended filgotinib with methotrexate, as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs) in accordance with specific criteria in the recommendations.

1.2 A number of advanced therapies (biological and targeted synthetic DMARDs) are currently available to people with severe rheumatoid arthritis (RA) whose disease had responded inadequately to 2 or more conventional DMARDs (cDMARDs), or 1 or more biological DMARD (bDMARD).

1.3 There are currently no advanced therapies available for people with moderate RA. Having an effective advanced therapy at the time the disease is at this stage would allow better disease control and be beneficial for people who have not responded to combination cDMARDs.

2 Resource impact of the guidance

2.1 We estimate that:

- 48,000 people with severe RA are eligible for treatment with filgotinib each year
- 26,900 people with moderate RA are eligible for treatment with filgotinib each year
- 4,000 people will receive filgotinib for moderate RA from year 2023/24 onwards once market share has reached 15% as shown in table 2.

2.2 The market share of filgotinib for people with severe RA needs to be estimated locally as there are numerous treatment options for this patient group. The resource impact for people with severe RA is not anticipated to be significant. The resource impact template

accompanying this report has been updated to include filgotinib as an option for severe RA.

2.3 The current treatment and future market share assumptions are based on clinical expert opinion and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to receive filgotinib for moderate RA by financial year.

Table 2 Estimated number of people receiving filgotinib for moderate RA using NICE assumptions

Financial years:	2020/21	2021/22	2022/23	2023/24	2024/25
Market share for filgotinib (%)	0%	1%	8%	15%	15%
Population receiving filgotinib each year	0	270	2,200	4,000	4,000

2.4 This report is supported by a local resource impact template. Filgotinib has a commercial arrangement (simple discount patient access scheme). This makes filgotinib available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount. The discounted price of filgotinib can be put into the template and other variables may be amended.

Savings and benefits

2.5 Patient experts on the committee explained that having an advanced treatment option for moderate disease, that is more effective in achieving disease control, would be valuable. This is because RA can affect other organs such as the eyes, it causes mobility problems and has cardiovascular effects. Achieving disease control at this stage could reduce the need for costly operations and frequent attendances to NHS services.

3 Implications for commissioners

3.1 This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.

3.2 Filgotinib falls within the programme budgeting category 15 'Problems of the Musculo Skeletal System'.

4 How we estimated the resource impact

The population

4.1 The overall prevalence of RA in adults is 0.82% [NRAS - National Rheumatoid Arthritis Society]. The estimated number of adults with RA in England is 365,100.

Table 3 Number of people with severe RA who are eligible for treatment in England

Population	**Proportion of previous row (%)**	**Number of people**
Adult population		44,263,393
People who have severe RA recommendations 1.1 to 1.4		
Prevalence of RA[1]	0.82	365,100
People who have severe RA [2]	27.2	99,300
People who receive cDMARDS[2]	79.8	79,200
People whose RA has inadequate response to more intensive therapy (including bDMARDs and rituximab) and require an advanced therapy[3]	60.6	48,000
People with severe RA eligible for filgotinib (market share to be estimated locally)		**48,000**

[1] NRAS - National Rheumatoid Arthritis Society

[2] Per TA665 UK RA Market Opportunity Research. Source: Primary market research project completed by Praxis Research between November 2018 – January 2019.

[3] NHS Improving patient care with biologics in the management of RA (calculated from figures on p12, please see template for details)

Table 4 Number of people with moderate RA who are eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population		44,263,393
People who have moderate RA recommendation 1.1		
Prevalence of RA[1]	0.82	365,100
People who have moderate RA[2]	45	164,300
People who receive cDMARDS[3]	91	149,500
People who receive 2 or more cDMARDs[4]	24	35,900
People whose RA has inadequate response and require an advanced therapy[5]	75	26,900
People with moderate RA eligible for filgotinib[5]		**26,900**
Total number of people estimated to receive filgotinib each year from year 2023/24[6]	15	**4,000**

[1] NRAS - National Rheumatoid Arthritis Society

2 Company submission (data from various sources) estimates ranging from 31% to 59%, mid-point taken.

3 Nikiphorou E, Morris S et al. The Effect of Disease Severity and Comorbidity on Length of Stay for Orthopedic Surgery in RA: Results from 2 UK Inception Cohorts, 1986-2012. J Rheumatol. 2015;42(5):778-85.

4 Cole. Healthcare resource utilisation associated with management of patients with moderate RA in the United Kingdom: Initial data from a multi-centre, retrospective, non-interventional study. British Society for Rheumatology Annual Conference; May 2019; Birmingham, UK2019.

5 Per company submission based on clinical expert opinion.

6 Per clinical expert opinion.

Assumptions

4.2 For people who have moderate RA the resource impact template assumes that:

- 54% of people currently receive methotrexate (either in combination with cDMARDs or alone).

- 46% of people currently receive other cDMARDs.
- The future market share of filgotinib is estimated to be 15% from year 2023/24.
- In future practice methotrexate and cDMARDs are still used either in combination (methotrexate plus cDMARDs), or methotrexate plus filgotinib, or methotrexate alone.
- The number of people receiving filgotinib for moderate RA remains constant from year 2023/24 (i.e. people starting treatment and people stopping treatment because of inadequate response are assumed to be at similar levels, giving the same number treated each year).

Other factors

4.3 Filgotinib is the first advanced treatment recommended for people who have moderate RA. Existing treatments for people who have moderate RA are generic. The resource impact template for this topic allows users to model the cost of filgotinib against existing treatments for moderate RA over time.

4.4 For people who have severe RA, a number of advanced treatment options are already recommended and used, therefore the market share of filgotinib and comparator treatments options during the next 5 years is difficult to predict because it depends on a number of variables (see recommendation 1.5 of the guidance). As with previous published NICE Appraisals for severe RA, the resource impact of filgotinib becoming available as a treatment option is not anticipated to be significant, therefore the resource impact template has been updated to allow users to estimate the cost of all options locally.

About this resource impact report

This resource impact report accompanies the NICE guidance on Filgotinib for moderate to severe rheumatoid arthritis TA676 and should be read with it.