National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Filgotinib for treating moderately to severely active ulcerative colitis

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Appropriateness	Gilead	It is highly appropriate to refer this topic to NICE for appraisal.	Thank you for your comment. No action required.
	Janssen-Cilag	Yes [it would be appropriate to refer this topic to NICE for appraisal]	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	A proportion of people with moderate to severe Ulcerative Colitis will experience a range of treatment options without success. With a debilitating impact on all aspects of their lives and increasing risk of a range of complications, some of which can be life-threatening, there is a significant unmet need for additional treatment options. We therefore consider it appropriate and timely for this topic to be referred for appraisal.	Thank you for your comments. No action required.

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Wording	Gilead	• The target label is the following: Jyseleca is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic agent'	Thank you for your comment. No action required.
	Janssen-Cilag	Yes [the wording of the remit reflects the issue(s) of clinical and cost effectiveness about this technology that NICE should consider]	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	We have no comments on the wording of the remit.	No action required.
Timing Issues	Gilead	• We believe it is necessary for NICE to assess filgotinib in a timely manner, according to NICE's usual timelines. • If NICE does not assess filgotinib with urgency, it is highly likely that CCGs will take a very long time to assess this product or they may not assess it at all. • Delays in local assessment or lack of assessment could be driven by CCGs thinking that they already have JAK inhibitors listed in their formularies, however filgotinib is not the same as currently available JAK inhibitor, tofacitinib. • Filgotinib is a next-generation JAK inhibitor that is a preferential and reversible inhibitor of JAK-1. • Filgotinib being JAK-1 preferential, is expected to result in reduced off-target effects. Clinical data shows lack of effect on haematological indices	Thank you for your comments. No action required.

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	Janssen-Cilag	No comments	No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	In light of Covid-19, there is a benefit to an additional treatment option which can be administered at home in reducing potential infection risk and pressure on the NHS.	Thank you for your comment. No action required.
Additional comments on the draft remit	Gilead	Nothing further	No action required.
	Janssen-Cilag	No comments	No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	No comments	No action required.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Gilead	No comments	No action required.
	Janssen-Cilag	The background information states that NICE technology appraisal 633 recommends ustekinumab for moderately to severely active ulcerative colitis, only if a tumour necrosis factor-alpha inhibitor has failed or cannot be tolerated. However, the recommendation for ustekinumab is broader. Ustekinumab is recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional therapy or a biological	Thank you for your comment. Additional wording has been added to reflect that ustekinumab is also recommended where a

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		agent cannot be tolerated, or the disease has responded inadequately or lost response to treatment, only if: • a tumour necrosis factor alpha inhibitor has failed (that is the disease has responded inadequately or has lost response to treatment) or • a tumour necrosis factor alpha inhibitor cannot be tolerated or is not suitable	tumour necrosis factor is not suitable.
	MSD	No comments	No action required.
	Crohns & Colitis UK	In addition to the symptoms listed in the "Background" section, we would like to see fatigue and anaemia included, as these are often overlooked, but have a significant impact for people with Ulcerative Colitis. We would also strongly advocate for a recognition within this section of the debilitating impact of the condition on the daily lives and quality of life of those affected, including its impact on mental health and wellbeing, education, employment and relationships. In relation to complications, Ulcerative Colitis can cause significant complications additional to those listed such as primary sclerosing cholangitis (inflamed and damaged bile ducts), osteoporosis and toxic megacolon (swelling of the colon caused by trapped gases, which can be life-threatening). We would suggest these are considered for inclusion as important background context.	Thank you for your comments. Additional text has been included to reflect symptoms of fatigue and anaemia, additional complications, and the impact on quality of life of people with the disease. The background section is intended to provide a brief summary of the disease and how it is managed, and is not designed to be exhaustive.
The technology/ intervention	Gilead	• Jyseleca® is the brand name for filgotinib. • We suggest adding that Filgotinib is a next-generation JAK inhibitor that is a preferential and reversible inhibitor of JAK-1.	Thank you for your comment. The brand name has been added to the scope.

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			The description of the technology has not been updated, in order to ensure consistency between scopes.
	Janssen-Cilag	Yes [the description of the technology is accurate]	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	We have no comments on the description of the technology.	No action required.
Population	Gilead	No comments	No action required.
	Janssen-Cilag	The population mentioned in the scope does not include the groups treated with Ustekinumab. The population should read as below: People with moderately to severely active ulcerative colitis who have had an inadequate response, loss of response or were intolerant to conventional therapy (oral corticosteroids and/or immunomodulators), or a biologic agent (TNF-alpha inhibitor, ustekinumab or vedolizumab).	Thank you for your comment. The population has been modified to include people previously treated with ustekinumab.
	MSD	No comments	No action required.
	Crohns & Colitis UK	At this stage, we are unaware of any other subgroups of people that should be examined separately.	Thank you for your comment. No action required.

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Comparators	Gilead	• We suggest removing conventional therapies as a comparator. In line with the stated population, filgotinib will be positioned following inadequate response, loss of response or were intolerant to conventional therapy, and therefore these should not be considered as a comparator. • All other comparators are appropriate.	Thank you for your comments. The scope is intended to be broad, so as not to exclude potentially relevant comparators. No changes made.
	Janssen-Cilag	Yes [these are the standard treatments currently used in the NHS with which filgotinib should be compared]	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	We would expect conventional therapies to be defined as including aminosalicylates, corticosteroids and immunosuppressants, each working in a different way, as outlined below. The use of steroids should be managed closely in accordance with guidelines given the significant side effects associated with these. Aminosalicylates are recommended for mild-moderate Ulcerative Colitis by the BSG IBD guidelines 2019. • Aminosalicylates (5-ASAs) reduce inflammation in the lining of the intestine. Examples include mesalazine and balsalazide. • Corticosteroids (steroids) work by blocking the substances that trigger allergic and inflammatory responses in your body. They include prednisolone, prednisone, methylprednisolone, budesonide, hydrocortisone and beclometasone dipropionate. • Immunosuppressants suppress the immune system and reduce levels of inflammation. The main immunosuppressants used in IBD are azathioprine,	Thank you for your comments. Additional text has been added to reflect that aminosalicylates are included as part of conventional therapies. The scope is intended to be broad, so as not to exclude potentially relevant comparators.

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		mercaptopurine or 6MP, methotrexate, ciclosporin and tacrolimus. They are often used in patients who relapse when they come off steroids. As outlined in the scope, treatment needs to be personalised dependent on individual experience and the progression of the condition. The BSG IBD guidelines should be referred to for detailed guidance on this. Biologics have played an increasing role in treatment over the past few years and we would question the usefulness of the term 'conventional' treatment in this context.	
Outcomes	Gilead	• SELECTION (filgotinib's pivotal trial in ulcerative colitis) will not provide data on filgotinib's effect on mortality due to UC. • We believe the remaining outcomes are appropriate.	Thank you for your comment. Mortality remains in scope, for consistency with previous scopes in the therapy area.
	Janssen-Cilag	Yes	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	In addition to rates of hospitalisation, we would suggest that readmissions would be an important outcome to include and that adherence and patient experience should also be considered for inclusion.	Thank you for your comment. Readmission rates have been added to the list of outcomes in the scope.
	Gilead	No comments	No action required.

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Economic analysis	Janssen-Cilag	Appropriate	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	We have no comments on the economic analysis at this stage.	No action required.
Equality and Diversity	Gilead	We do not believe any changes are needed in order to ensure equality.	Thank you for your comment. No action required.
	Janssen-Cilag	NA	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	The mode of administration is a benefit for those with disabilities in terms of reducing the need for travel to hospital and could potentially improve adherence. This may also be a factor in cultures where it may be harder to speak openly about the condition or for those living in remote communities.	Thank you for your comments. No action required.
Other considerations	Gilead	No comments	No action required.
	Janssen-Cilag	NA	Thank you for your comment. No action required.

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	MSD	No comments	No action required.
	Crohns & Colitis UK	No comments	No action required.
Innovation	Gilead	Filgotinib is a next-generation JAK inhibitor that is a preferential and reversible inhibitor of JAK-1, which is associated with the potential for an improved side effect profile.	Thank you for your comments. The extent to which the technology is innovative will be considered by the appraisal committee based on evidence presented to it. No action required.
	Janssen-Cilag	NA	Thank you for your comment. No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	While this may not be a ‘step-change” as such, given the prior appraisal of a JAK inhibitor for Ulcerative Colitis, if there is a better side effect profile (e.g. reduced thrombosis risk), this would certainly be a significant benefit to patients, given the advantage of the mode of administration and existing unmet need As stated earlier, there are a range of substantial impacts on individuals living with moderate to severe Ulcerative Colitis, which can be far-reaching, affecting education, employment, relationships, mental health and wellbeing and all aspects of daily life.	Thank you for your comments. The extent to which the technology is innovative will be considered by the appraisal committee based on evidence presented to it. No action required.

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		The symptoms of urgent diarrhoea, pain and fatigue, and associated stigma, can lead to people becoming depressed, anxious and isolated. A proportion of people with moderate to severe Ulcerative Colitis will experience a range of treatment options without success, so there remains a significant unmet need for additional treatment options. Steroids are not recommended for maintenance of remission and are associated with a range of side effects. Biologics are administered via sub-cutaneous injection and/or infusion, which can be inconvenient and uncomfortable, so there is a clear benefit to patients from an additional treatment option which is an oral tablet. There is also an advantage to a further treatment option which can be administered at home, which avoids the need for patients to take time off work or education and during the current pandemic also avoids any potential risks associated with travel to hospital. While tofacitinib is already available as a JAK inhibitor, it has been associated with an increased risk for thrombosis at higher doses, so a new option with a better side effect profile would be welcome at the same point in the pathway.	
Questions for consultation	Gilead	No comments	No action required.
	Janssen-Cilag	No comments	No action required.
	MSD	No comments	No action required.
	Crohns & Colitis UK	No further comments at this stage	Thank you for your comment. No action required.
	Gilead	No comments	No action required.

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Additional comments on the draft scope	Janssen-Cilag	No comments	No action required.
	MSD	SIMPONI has data now in second line position, showing the similar efficacy to first line position as well as additional end points not covered by previously data looked at by NICE. (see attached full paper and summary) This support the use of SIMPONI as a first AND SECOND line treatment option. MSD would be interested to understand where in the pathway NICE are positioning the new treatment and the cost justification to do this ahead of an anti-tnf. Especially in light of the new data showing 1,2,3 line efficacy. Based on the study attached in the email SIMPONI demonstrates strong results at 1,2 line position at a most cost effective manner. The study can be found here: https://www.msdconnect.co.uk/training-resources/simponi/taxonera-study.xhtml	Thank you for your comment. The appraisal committee will consider the appropriate position of filgotinib based on the evidence submitted. No action required.
	Crohns & Colitis UK	No comments	No action required.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

- Abbvie
- Pfizer