National Institute for Health and Care Excellence

Health Technology Evaluation

Upadacitinib for treating active non-radiographic axial spondyloarthritis

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Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Appropriateness	National Axial Spondyloarthritis Society	Yes	Thank you for your comment. No action needed.
	British Society for Rheumatology (BSR)	Yes, this topic is appropriate for NICE appraisal	Thank you for your comment. No action needed.
	Novartis	We consider the proposed appraisal appropriate	Thank you for your comment. No action needed.

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	AbbVie	Yes, we consider this appraisal to be appropriate	Thank you for your comment. No action needed.
Wording	National Axial Spondyloarthritis Society	Yes	Thank you for your comment. No action needed.
	British Society for Rheumatology	Yes	Thank you for your comment. No action needed.
	Novartis	We consider the proposed remit appropriate.	Thank you for your comment. No action needed.
	AbbVie	Yes, we consider the wording of this appraisal to be appropriate.	Thank you for your comment. No action needed

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Timing Issues	National Axial Spondyloarthritis Society	No comment	-
	British Society for Rheumatology	Soon, as there is an unmet need for this	Thank you for your comment. No action needed.
	Novartis	No comment.	-
	AbbVie	Upadacitinib offers a novel mechanism of action in an area of high unmet need and would be the first oral therapy for patients with non-radiographic axSpA.	Thank you for your comment. No changes to the scope required

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	National Axial Spondyloarthritis Society	The main symptoms can include back pain, usually inflammatory in nature' – should be 'The main symptoms can include back pain, **which will be** inflammatory in nature'	Thank you for your comment. The scope has been updated to

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		'arthritis (inflammation of the joins in other parts of the body) – should be '**peripheral** arthritis, inflammation in the **joints** in other parts of the body'	reflect the changes suggested.
	British Society for Rheumatology	This is accurate and complete	Thank you for your comments. No action required
	Novartis	We suggest adding the following information on which is included in the final scope for TA718 and TA719: *'Non-radiographic axial spondyloarthritis affects approximately equal numbers of men and women, but there are limited data on the prevalence of the condition. Some people with non-radiographic axial spondyloarthritis will develop radiographic axial spondyloarthritis (about 10% of people over 2 years, and 50% over 10 years)*	Thank you for your comment. The scope has been updated to include the proposed wording.
	AbbVie	Yes, we consider the background information to be appropriate.	Thank you for your comment. No changes to the scope required
The technology/ intervention	National Axial Spondyloarthritis Society	No comment	-
	British Society for Rheumatology	This is accurate	Thank you for your comment. No action needed.
	Novartis	No comment.	-

Section	Consultee/ Commentator	Comments [sic]	Action
	AbbVie	Yes, we consider the technology to be defined appropriately.	Thank you for your comment. No action needed.
Population	National Axial Spondyloarthritis Society	Yes	Thank you for your comment. No action needed.
	British Society for Rheumatology	Yes, this is defined as the non-radiographic axial SpA	Thank you for your comment. No changes to the scope required
	Novartis	No comment.	-
	Abbvie	Yes, we consider the population to be defined appropriately.	Thank you for your comment. No changes to the scope required.
Comparators	National Axial Spondyloarthritis Society	No comment	-
	British Society for Rheumatology	The comparators are appropriate. It should be noted that the anti-TNF group includes both originator and biosimilars	Thank you for your comment. No changes to the scope required

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	Novartis	Secukinumab (and ixekizumab) should only be compared with in their relevant (sub)population as recommended by NICE (for Secukinumab (TA719) the population defined in the final scope was: People with non-radiographic axial spondyloarthritis with objective signs of inflammation, whose disease has responded inadequately to, or who are intolerant to, non-steroidal anti-inflammatory drugs. For ixekizumba (TA718) the population defined in the both draft and final scope was: People with axial spondyloarthritis for whom nonsteroidal anti-inflammatory drugs or TNF-alpha inhibitors have been inadequately effective or not tolerated, or are contraindicated. We suggest comparators are separated out int two distinct populations – "patients with disease that has responded inadequately to, or who cannot tolerate NSAIDs" with the anti-TNFs and established clinical management as the appropriate comparators, **and** "patients for whom tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough" with the IL-17s and established clinical management as the comparators?	Thank you for your comment. A subgroup section has been added to the scope.
	AbbVie	Yes, we consider the comparators to be defined appropriately.	Thank you for your comment. No changes to the scope required
Outcomes	National Axial Spondyloarthritis Society	Yes. Ability to remain in work could also be considered as part of the QoL analysis. Improved mental health as a result of improved QoL.	Thank you for your comment. To keep the scope broad at this early stage, the list of outcomes has not been

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			refined. The list is not intended to be exhaustive. Both of these aspects should be captured under health-related quality of life measures.
	British Society for Rheumatology	These are appropriate	Thank you for your comment. No changes to the scope required
	Novartis	Specified outcomes are appropriate. Consistent with the final scope for secukinumab (TA719) and Ixekizumab (TA718).	Thank you for your comment. No action required.
	AbbVie	Yes, we consider the outcomes to be defined appropriately.	Thank you for your comment. No changes to the scope required
Economic analysis	National Axial Spondyloarthritis Society	No comment	-
	British Society for Rheumatology	No comment	-
	Novartis	No comment	

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	AbbVie	None	Thank you for your comment. No changes to the scope required
Equality and Diversity	National Axial Spondyloarthritis Society	No comment	-
	British Society for Rheumatology	No comment	-
	Novartis	No comment	-
	AbbVie	None identified	Thank you for your comment. No changes to the scope required
Other considerations	National Axial Spondyloarthritis Society	None	Thank you for your comment. No action required.
	British Society for Rheumatology	No comment	-
	Novartis	No comment	-
	AbbVie	None	Thank you for your comment. No changes to the scope required

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Innovation	National Axial Spondyloarthritis Society	Yes. Currently all other biologic drugs for treating non radiographic axial spondyloarthritis are injected. This would be the first oral biologic.	Comment noted. The committee will consider the evidence relating to innovation during their decision-making.
	British Society for Rheumatology	This is the first oral advanced therapy for non-radiographic axial spondyloarthritis. This provides better mobility for patients as it does not required injections or infusions. It provides convenience for patients. This should be added to the available treatments and be used if clinically indicated.	Comment noted. The committee will consider the evidence relating to innovation during their decision-making.
	Novartis	No comment	-
	AbbVie	Upadacitinib is an innovative, oral treatment option for patients with non-radiographic axSpA, and is the only selective and reversible JAK which preferentially inhibits signalling by JAK1 or JAK1/3. Even with TNF and IL-17 inhibitors many patients fail to achieve more stringent disease targets and efficacy is not sustained over time - consequently new mechanisms of action are needed to maximize patient outcomes. A once daily oral formulation also represents a step change in the management of active non-radiographic axSpA.	Comment noted. The committee will consider the evidence relating to innovation during their decision-making.
Questions for consultation	National Axial Spondyloarthritis Society	We would expect upadacitanib to be available to those who have at least not responded to NSAIDs and biologic drugs.	Thank you for your comments. The appraisal committee will consider all relevant information in its

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		Oral medication could be an advantage to certain parts of the population. For example those from lower income households and those who live in shared accommodation.	decision-making process.
	British Society for Rheumatology	No comments	-
	Novartis	Where is upadacitinib likely to be used in the treatment pathway? Is it expected that upadacitinib would be used after the condition has not responded to NSAIDs or biological disease modifying anti-rheumatic drugs? Which treatments had people previously received in the key clinical trial? ***Novartis comment****: No comment.* Have all relevant comparators for upadacitinib been included in the scope? ***Novartis comment****: See comments above on 'Comparators'.* **Are the outcomes listed appropriate? *Novartis comment: See comments above on "Outcomes"*** **Are there any subgroups of people in whom upadacitinib is expected to be more clinically effective and cost effective or other groups that should be examined separately?** ***Novartis comment: See above on 'Comparators' our suggestions on splitting***	Thank you for comments. No changes to the scope required.

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		Where do you consider upadacitinib will fit into the existing NICE pathway 'musculoskeletal-conditions' and 'managing spondyloarthritis in adults'? ***Novartis comment**: No comments.* Do you consider upadacitinib 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)? ***Novartis comment**: No comments.* 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. ***Novartis comment**: No comments.* Would it be appropriate to use the cost comparison methodology for this topic? ***Novartis comment**: This will depend on whether the benefits of upadacitinib in nr-axSpA are similar or greater than appropriate comparators.* Is the primary outcome that was measured in the trial or used to drive the model for the comparator(s) still clinically relevant?	

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		***Novartis comment**: No comments.*	
	AbbVie	No comments	-

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

Royal College of Physicians (endorsing BCR statement)

UCB Pharma