NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: June 2019

Intervention: Infliximab

Indication: Refractory or progressive neurosarcoidosis (adults)

ID: 1817

Gateway: 2 (Round 2)

Programme: Trauma

CRG: Neurosciences

Information provided to the panel

Revised Policy Proposition.

Evidence Review undertaken by NICE Medicines and Technologies Programme.

CPAG Summary Report.

Clinical Panel report (February 2019).

Key elements discussed

The Panel discussed this proposition at its meeting in February. It was previously a not for routine commissioning proposition however, there was uncertainty regarding the level of evidence and so the Policy Working Group (PWG) were asked to review and revise the proposition as routine commissioning for further consideration.

This is an off-label use of infliximab. Standard treatment of steroids and immunosuppressive medicines is effective in about 80% patients, so this proposition focuses on the remaining 20% who are refractory to other treatments, or the condition has progressed under that treatment.

Two case series reported in the evidence review. Limitations in the studies quality discussed - observational studies subject to bias. These were multi-centre, retrospective studies.

Radiological and clinical improvement reported. Evidence suggests having steroids and immunosuppressants at same time as infliximab gives better benefit.

80% showed improvement in clinical and/or radiological parameters. About 3% had complications related to treatment. There was no evidence on which patient sub-groups would fare better with treatment.

Some spontaneous remission noted in the studies but considered seriousness warrants treatment.

The clinical harms identified were those expected of infliximab when used in its licensed indication.

The Panel found it difficult to follow the patient pathway as it is currently written in the narrative and presented in the diagram in section 9 (such as the use of steroids). The case for logical sequence of treatment and criteria is not currently made.

The exclusions should reflect the SPC in respect to heart failure.

The starting and stopping criteria were discussed at length and considered needing revision to reflect starting this treatment in most severe of cases and stopping if not seen to work. This is for a very small group of people with rapidly progressing disease. The proposition needs to ensure only this group of patients have access.

Use of biosimilars is considered appropriate in this indication. No correct dosage to prescribe is suggested in evidence but that suggested in proposition appears consistent with usual dosing in other indications. No evidence to show any other dosage would be any better.

Governance and clinical leadership concerned the Panel as the proposition states that only two clinicians oversee this service nationally. Information is required regarding a MDT and patient selection.

Registry data collection will be required as evidence is so limited.

Recommendation

Clinical Panel agreed the proposition should return for further review at Panel once revisions have been made. The population of patients and their natural history of disease progression needs to be well-described in order to understand the benefit of intervention. Amendments are needed to the narrative and patient pathway.

Why the panel made these recommendations

The studies are of low quality and are not well structured but do show the quantum of benefit may be quite high. The treatment was supported provided the clinical body can identify those patients with rapidly progressive disease and apply strictly the stop criteria.

It is a very small number of patients (20 per year) so the panel debated what level of research evidence might be possible.

Use of biosimilars would reduce costs of providing this treatment and are considered appropriate for use.

Documentation amendments required

Section 8 of the proposition:

Eligibility criteria:

- Further eligibility (start) criteria should be considered and included so clearer case is made relating to how people access this treatment to capture those patients with clearly progressive disease rather than those that may have spontaneous resolution.
- Change the current 2nd bullet point (starting with ‘have severe’) to be the 1st bullet point. Then change the ‘OR’ of the new 2nd bullet to be ‘AND’.
- 3rd bullet point needs to be clearer (unable to treat with high dose steroids)
- Include in the criteria that access is to infliximab at the lowest acquisition cost.

Stopping criteria:

- 2nd bullet point - remove wording that follows MRI. Stop there.
- 3rd bullet point – reword this sentence to clearly state the treatment would be stopped if harm exceed the benefit of the treatment. Remove the examples.
- 4th bullet point – review and clarify.
- Exclusion for heart failure. Moderate to severe heart failure is noted in SPC. This should be reflected in proposition.

Malcolm Qualie to advise the PWG regarding the criteria.

Section 9: The patient pathway requires clarification as it is currently confusing.

- The top box 2nd bullet point states not responding to high dose steroids. Just state ‘diagnosis of refractory or progressive neurosarcoidosis’.

Section 10: Mentions treatment of children, this proposition is for adults.

Section 12: Remove the 2nd sentence.

Bluteq form to accompany the proposition.

Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, Medical Director