Kent and Medway Policy Recommendation and Guidance Committee

Policy Recommendation

Policy:	**PR 2020-02: Omalizumab for Chronic Inducible Urticarias**
Issue date:	**February 2020**

The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered NICE and other national guidance, the baseline position, the evidence base, other CCG policies, the views of local specialists and the potential impact on the use of omalizumab for the management of chronic inducible urticarias (CIndUs).

All decisions were made with reference to the Ethical Framework.

Taking these into account, the PRGC recommends:

- Omalizumab (Xolair) is not routinely funded for the management of chronic inducible urticarias on the local NHS.

This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.

Clinical Commissioning Groups in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting documents

Optum Health Solutions (2020) *Omalizumab for Chronic Inducible Urticarias - Scoping report*

Equality Analysis Screening Tool – Omalizumab for Chronic Inducible Urticarias (2020)

Key points and rationale

What is chronic urticaria?

Chronic urticaria (CU) is a condition characterised by the recurrence of localised or wide spread pruritic wheals, angio-oedema or both that typically exist for 6 weeks or longer. CU is divided into 2 types, chronic spontaneous urticaria (CSU) and chronic inducible urticaria (CIndU) of which there are several subtypes.

There are no specific triggers associated with the appearance of signs and symptoms for CSU. In contrast, CIndUs are associated with a specific trigger such as heat, cold, pressure, vibration, water, ultraviolet light (UV), etc. that leads reproducibly to the immediate or delayed appearance of symptoms.

Some of the CIndUs are chronic, last several years, and often pose a great treatment challenge because of their resistance to first-line therapy with H1-antihistamines (H1AH). CIndUs are debilitating, severely affecting the quality of life (QoL), and yet it is normally not feasible to avoid the offending trigger without massive changes in everyday life. Thus the need for treatment options is high.

What is Omalizumab (Xolair)?

Omalizumab (Xolair, Novartis) is a monoclonal antibody that targets IgE. Its mode of action in CU is not entirely understood. It might reduce mast cell release-ability, by reducing high affinity receptors for IgE (FcεRI) and IgE, as well as IgE against autoantigens.

It is currently licensed for treating CSU in adults and children over 12 years of age with inadequate response to H1AH. NICE subsequently approved NHS funding of omalizumab for severe CSU unresponsive to H1AH and montelukast in June 2015.

Omalizumab is not licensed for managing CIndUs.

Omalizumab is available as a 150 mg solution for subcutaneous injection in a pre-filled syringe, and the licensed dose for CSU is 300 mg (as 2 injections) once every 4 weeks.

How is Chronic Urticaria managed?

The guidelines published by the British Society of Allergy and Clinical Immunology (BSACI) outline the principles of treatment[1]. The guideline aims for complete symptom control using a stepwise approach, starting with a standard, licensed dose of non-sedating H1AH. If the patient does not respond, the dose of the antihistamine can be increased up to 4-fold (off-label use of medicine) or an alternative antihistamine is trialled. If symptoms continue, the patient can try an anti-leukotriene antagonist before requiring specialist review when immunomodulators, e.g., omalizumab, ciclosporin and methotrexate can be considered.

What does NICE recommend?

NICE (TA339) approved funding of omalizumab for severe CSU unresponsive to H1AH and montelukast in June 2015. The availability of this drug has transformed the management of most severe and treatment-refractory CSU patients, but current UK guidance on the use in CU does not address the needs of those with other subtypes including inducible urticarias (CIndUs).

What do other CCG policies recommend?

Omalizumab for use in CIndUs is not routinely commissioned by most CCGs.
South East London has a treatment pathway which specifically notes the management of CIndUs[2]. The guideline primarily follows the BSACI guideline for patients who have not responded to a leukotriene receptor antagonist, it also suggests the addition of an H_2 receptor antagonist (e.g. ranitidine), before referral to secondary care.

The guideline provides the local commissioning arrangements (initiation and stopping criteria) for omalizumab in a number of inducible urticaria subtypes, including; symptomatic dermographism (SDerm), cholinergic, cold, solar and delayed pressure urticaria. Apart from cold urticaria, omalizumab is the second line treatment option. A number of different treatment options are recommended before considering omalizumab.

What is the baseline position in Kent and Medway?

- Kent and Medway CCGs do not routinely fund omalizumab for the management of CIndUs.
- Over the past 2 years, there have been 3 IFR cases submitted for patients suffering from CIndUs.

What is the evidence base for the use of omalizumab in the management of CIndUs?
Most published evidence comes from single case reports, small case studies or larger case studies that also include some patients with CSU. Three phase II studies were identified in patients with SDerm, cold urticaria and solar urticaria, of which the first two were randomised and placebo controlled.

The two placebo RCTs indicate that patients with SDerm and cold urticaria can benefit from treatment with omalizumab, with significant improvement in friction and temperature thresholds. In doses of 150mg and 300mg, treatment can result in a complete or partial response. Equally, there is a high rate of no response in patients with both forms of inducible urticaria.

The case reports and studies, suggest that omalizumab may for the most part, provide at least partial, if not complete relief for most patients. Worsening of symptoms and adverse effects were also reported, indicating that this treatment is not suitable in all patients. The available evidence was limited by small sample sizes and a poor reporting quality in many of the studies.

What would be the cost impact of prescribing Omalizumab for CIndUs across Kent and Medway?
Omalizumab costs £256.15 for a 150 mg prefilled syringe (excluding VAT; 'British national formulary' [BNF] online October 2019). A single dose of 300 mg costs £512.30 and the cost of a 24-week course of treatment is £3073.80 (excluding VAT). The company has agreed a patient access scheme with the Department of Health.

In line with licensed use, if omalizumab was commissioned for use in CIndU, treatment should be stopped at 6 months if the condition has responded, and restarted only if the condition relapses. Additionally, the lower dose of 150mg should be initiated and increased to 300mg if necessary due to an inadequate response.

The maximum drug cost impact for one patient requiring 300mg monthly injections for 6 months would be £3073.80 (excluding VAT). This price does not include the PAS price reduction.
It can be assumed that omalizumab improves QoL, but does not extend life. It is recognised that omalizumab is a costly treatment option compared with some alternative treatments. As yet, no health economic data exists to compare its cost to the health, psychological, and economic burden of working days lost because of CIndUs.

Why is Omalizumab not recommended for the management of CIndUs on the local NHS?
The current available evidence does not appear compelling enough to suggest the commissioning of omalizumab for CIndUs across Kent and Medway. CIndUs remain under-studied, and further studies on the efficacy and safety from controlled studies are required. Such studies should have the appropriate statistical power to clarify which drugs should be used, in what dose and for how long. Kent & Medway CCGs will continue to consider individual requests through the IFR process.

Change sheet

Reason for review:
Following IFR submissions for the use of omalizumab in the management of cold and heat urticaria, a request to scope the opportunity to develop a policy was requested.

Change from baseline position:
No change. Omalizumab for use in CIndUs is not commissioned by Kent and Medway CCG's.

Estimated cost impact of implementing PR2020-02
Omalizumab for use in CIndUs is not currently available as a treatment option. The implementation of PR2020-02 will have no impact on NHS expenditure.

References

1. British Association of Dermatologists http://www.bad.org.uk/for-the-public/patient-information-leaflets/urticaria-and-angioedema/?showmore=1&returnlink=http%3A%2F%2Fwww.bad.org.uk%2Ffor-the-public%2Fpatient-information-leaflets [online; accessed 16th December 2019]

2. South East London – Urticaria Treatment Pathway https://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/Clinical%20guidelines%20and%20pathways/Urticaria%20Treatment%20Pathway%20FINAL%20Dec%202018.pdf [online; accessed 16th December 2019]