NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: November 2020

Intervention: Baricitinib

Indication: monogenic interferonopathies (adult and post-pubescent)

URN: 1930

Gateway: 2, Round 1

Programme: Blood and Infection

CRG: Immunology and Allergy

Information provided to the Panel

Policy Proposition

Policy Proposition Addendum

Evidence review completed by the National Institute for Health and Care Excellence (NICE)

Letters in Evidence Reviews Cover Paper

Additional Papers – Vanderver et al 2020 Letter and Supplementary Appendix

Equality and Health Inequalities Assessment (EHIA) Report

Clinical Priorities Advisory Group (CPAG) Summary Report

Patient Impact Form

Policy Working Group Appendix

Blueteq® Form

Key elements discussed

This policy proposition recommends the routine off label use of baricitinib as first line treatment for adults and post-pubescent children with monogenic interferonopathies. Monogenic interferonopathies are a group of conditions typified by an over-production of interferons. The specific condition depends largely on the defective gene causing the upregulation of interferon and the clinical phenotype is mixed. There is currently no disease-modifying treatment available for patients with monogenic interferonopathies and current treatment relies on steroids for symptom control. Baricitinib is a Janus kinase (JAK) inhibitor, which target and block JAK enzymes, blocking the upregulation of interferons and is considered a disease-modifying treatment. It is estimated that around 10 patients per annum will be eligible for this treatment.

Clinical Panel was presented with the evidence review which comprised of two studies –an uncontrolled prospective cohort study of 18 people and a case series of 3 people. The quality of evidence was assessed as providing very low certainty although did show some improvement in outcomes and quality of life. Panel understood the rarity of this condition hence small trial

population numbers and lack of comparative data. It appeared to be well tolerated although with a high rate of treatment related infections.

Clinical Panel considered the proposition. It was not clear how it is currently written as to how the condition manifests – when it presents, its natural history and the effects on the individual in terms of quality of life and duration of life. This needs to be clearly presented. The introduction needs to better describe the definitions.

The policy proposition as currently written excludes pre-pubescent children, based upon the evidence review as limited safety data in this age range. A letter published subsequent to the evidence review (Vanderver et al. 2020) contains further safety data in pre-pubescent children. Email confirmation has been received from the Manager of Editorial Administration at the New England Journal of Medicine (NEJM) that this letter is reporting original research and has been peer reviewed similar to articles published as full studies. Panel considered this contains relevant safety data for the excluded age group and so agreed to consider it.

It is not clear from the stopping criteria what is the length of time before assessment is required.

EHIA considered – this needs to be updated to include all ages.

Patient Impact Form – no comments received.

Recommendation

Clinical Panel recommends that this proposition progresses as a for routine commissioning policy proposition.

Why the panel made these recommendations

The Panel considered that the evidence base presented demonstrated modest evidence of benefit.

Documentation amendments required

Policy Proposition:

- Clearer definitions in the introduction than currently written
- Clear description required of how the condition manifests – when it presents, its natural history and the effects on the individual in terms of quality of life and duration of life.
- Include the information written in the addendum as part of the main proposition
- Clarity required regarding the dose escalation as currently only states the maximum dosage
- Stopping criteria – include point of time of assessment

EHIA:

- Requires amending to reflect an all ages proposition

Blueteq® Form:

- Requires updating to reflect an all ages proposition

Declarations of Interest of Panel Members: None.

Panel Chair: James Palmer, Medical Director Specialised Services

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Post Panel Amendments

The following changes have been made in line with the comments from Clinical Panel:

- Clear description of natural history of disease included within the 'Monogenic interferonopathies' section
- Information written in the addendum has been included within the policy proposition in the 'Committee discussion' section
- Clarity around the dose and dose escalation has been included in the 'Implementation' section along with the addition of 'Appendix 1', which gives further dosing information
- Stopping criteria have been clarified with point of time of assessment
- Policy proposition has been updated to reflect 2 years and over
- EHIA has been updated to reflect 2 years and over
- Blueteq® form has been updated to reflect 2 years and over