

## NHS ENGLAND SPECIALISED SERVICES CLINICAL PANEL REPORT

Date: 19 June 2024

Intervention: icatibant

Indication: moderate to severe acute swellings due to bradykinin-mediated angioedema with normal C1 inhibitor (adults)

URN: 2315

Gateway: 2, Round 2

Programme: Blood and Infection

CRG: Immunology and Allergy

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### Information provided to the Panel

Policy Proposition

Evidence Review completed by Solutions for Public Health

Clinical Priorities Advisory Group (CPAG) Summary Report

Clinical Panel Report January 2024

Evidence to Decision (EtD) Summary

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment

Blueteq™ Forms – adult and Medicines for Children

Policy Working Group (PWG) Appendix

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This Policy Proposition recommends the off-label use of icatibant as a treatment option for patients with moderate to severe acute swellings due to bradykinin-mediated angioedema with normal C1 inhibitor (adults). The proposition excludes those with drug induced angioedema.

The proposition and the supporting evidence review were presented to Panel members at a previous meeting in January. At that time, Panel members agreed amendments were required. They considered that the proposition as written was complex and needed simplification and clarity. The Policy Working Group (PWG) were asked to provide more detail and clarification of the categorisation of angioedema and map the evidence against the different categories/definitions of disease.

The revised proposition and supporting documents were considered by members. It was agreed that requested amendments had been made, with a few minor further amendments to be addressed. It was commented that the flow diagram now included is helpful in clarifying who is eligible.

There had been some feedback previously that some papers had been missed in the search for papers for inclusion in the evidence review. Members were informed that the search strategy

had been checked and was found to be robust. The papers were not missed but excluded for various valid reasons.

EHIA – no amendments requested.

PIA – no amendments requested.

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## Recommendation

Clinical Panel recommended that this proposition should proceed as a routine commissioning clinical policy proposition following a couple of minor amendments.

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## Why the panel made these recommendations

Panel members agreed the amendments previously requested had been appropriately and adequately made.

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## Documentation amendments required

### Policy Proposition:

- About bradykinin-mediated angioedema section – page 3 – the current words need to be reviewed and streamlined to make sure it is easier to follow and flows better.
- Page 5 – the line in bold '*Diagnosis should be made by an immunologist within a specialised commissioned immunology or specialised allergy centre*' has been included in the exclusion criteria title whereas it should be part of the inclusion criteria section. This needs correcting.

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Declarations of Interest of Panel Members: None.

Panel Chair: James Palmer, Medical Director, Specialised Services

Policy Proposition		
Panel Comment	Amendment	Page number (if applicable)
About bradykinin-mediated angioedema section – page 3 – the current words need to be reviewed and streamlined to make sure it is easier to follow and flows better.	Re-written with input from Deputy National Medical Director (Specialised Services)	Page 2-3
Page 5 – the line in bold ' <i>Diagnosis should be made by an immunologist within a specialised commissioned immunology or specialised allergy centre</i> ' has been included in the exclusion criteria title whereas it should be part of the inclusion criteria section. This needs correcting.	Amended	Page 4-5