Nintedanib for treating Idiopathic Pulmonary Fibrosis

Funding **WILL BE** available for nintedanib as an option for treating idiopathic pulmonary fibrosis, only if:

- The person has a forced vital capacity (FVC) between 50% and 80% of predicted
- The company provides nintedanib with the discount agreed in the English NHS patient access scheme
- Treatment is stopped if the disease progresses (a confirmed decline in percent predicted FVC of 10% or more) in any 12 month period
- Funding for any individual to be agreed only per 12 month period with continuation subject to confirmation by provider that criteria are still met
- Provider to undertake audit of outcomes from their patient cohort including long term effects on FVC and also acute exacerbations and mortality.

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<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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A full appraisal of clinical and cost effectiveness is included in NICE TA379.

Nintedanib would be offered at the same point in the patient pathway as pirfenidone. In randomised controlled trials, nintedanib has been shown to have a statistically significant impact on rate of decline of lung function compared to placebo. There are no head to head trials comparing nintedanib with pirfenidone. Networked meta-analysis of trials of both drugs compared to placebo indicate that they are likely to be of similar effectiveness in all patient subgroups. Nintedanib has a better side effect profile and a simpler dosing schedule than pirfenidone. Like pirfenidone, nintedanib has not been shown to increase survival.

The National Institute of Health and Care Excellence (NICE) undertook a broad evaluation of cost effectiveness based on the work of their own Evidence Review Group and on a cost effectiveness submission from the drug manufacturer. NICE concluded that the appropriate comparator for incremental cost effectiveness ratio calculation was best supportive care. NICE concluded that the manufacturer’s estimate of a cost per QALY gained of £24,000 compared with best supportive care was appropriate. This estimate is dependent on the drug being available at the confidential discount price negotiated by the Department of Health.
Summary of evidence:

Reason for policy: Replaces the CRC Recommendation CRC16-01: Nintedanib for treating Idiopathic Pulmonary Fibrosis

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

Further information contact:
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Website: [www.gov.im/dhscclinicalcommissioning](http://www.gov.im/dhscclinicalcommissioning)