NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group

NHS

May 2016

Lesinurad (Zurampic®▼) for the treatment of gout.

The New Therapies Subgroup discussed the above at its meeting on 17th May 2016. The recommendation of this subgroup is as follows:*

Drug/Indication	Lesinurad (Zurampic®▼) 200mg Tablets for use in combination with a xanthine oxidase inhibitor (e.g. allopurinol or febuxostat) in adults for the adjunctive treatment if hyperuricaemia in gout patients (with or without tophi) who have not achieved target serum uric acid levels with an adequate dose of a xanthine oxidase inhibitor alone.
Recommendation	**The group does not recommend the routine use of lesinurad for the above indication.** Lesinurad may however be useful for use by specialists for a niche group of patients who are still symptomatic despite trial of other therapies and where the benefits outweigh any risks. ***According to set criteria was deemed to be a* low *priority for funding***
Clinical Trial Data – Efficacy	Lesinurad works by removing uric acid from the body by blocking the protein 'uric acid transporter-1' (URAT-1) in the kidneys. URAT-1 normally allows some uric acid to return to the blood after the kidneys have filtered it out. In three pivotal phase IIII randomised double blind placebo controlled trials in combination with a xanthine oxidase inhibitor lesinurad was shown to lower uric acid better than placebo. Reduction of uric acid levels was primary endpoint in the clinical trials however this is a disease orientated outcome rather than a patient orientated outcome and the clinical benefits of this reduction are yet to be seen. In the clinical trials the rate of gout flares was found not to be significantly different from placebo.
Clinical Trial Data – Safety	Adverse effects include upper respiratory tract infection, nasopharyngitis and back pain. More worryingly cardiac adverse events were reported 5-7 times more frequently in lesinurad groups than in the placebo groups. As well as the severity, the type of cardiac event was also different in the lesinurad groups compared to placebo with more myocardial infarctions and cardiac fatalities being reported in the lesinurad arms. However all of the trials to date specifically excluded patients with unstable or severe cardiac disease. As a result lesinurad is not recommended in patients with unstable angina, NYHA class III or IV heart failure, uncontrolled hypertension or history of myocardial infarction, stroke, or deep venous thrombosis within the last 12 months, due to insufficient data. For cardiovascular patients in a stable condition, the individual risks and benefits should be assessed on an ongoing basis. A post-marketing observational study to further assess cardiovascular risk in

	patients treated with lesinurad was a condition of the European product license being granted. It should also be noted that none of the studies permitted the use of lesinurad monotherapy and there is currently no data available on the use of lesinurad in patients with hepatic impairment.
Cost Effectiveness/ Affordability	Lesinurad has yet to be launched so a price is currently unavailable however as a new adjuvant costs will be additional. Prescribing Outlook suggests 472,000 persons in UK eligible for urate-lowering therapy of which around 25% will not achieve desired levels using current drugs. That equates to approximately 23,600 and 5,900 respectively in GM so around 500 patients per CCG may be eligible for treatment with this new drug. NICE guidance is expected in November 2016; the first Appraisal Consultation Document suggests a negative recommendation. Primary Care prescribing of febuxostat, also the subject of NICE guidance, currently ranges from 50 to 330 items per quarter in GM CCGs.
Patient perspective	Patients will be concerned about the adverse effects associated with use and specialists will need to discuss benefits versus risks to patients prior to starting therapy.

* * *This recommendation is valid unless it is has been superseded by a NICE TA or national guidance. The recommendation will only be reviewed when there is substantial new data that may change the initial recommendation. For recommendations that are >24 months old please note that there may be new data available and this should be checked prior to prescribing.*

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

References available on request