DORSET MEDICINES ADVISORY GROUP

COMMISSIONING STATEMENT ON THE USE OF LESINURAD (ZURAMPIC®)FOR TREATING CHRONIC HYPERURICAEMIA IN PEOPLE WITH GOUT.

SUMMARY

The NHS Dorset Clinical Commissioning Group, does not commission lesinurad (Zurampic®) for treating chronic hyperuricaemia in people with gout, in accordance with NICE TA 506.

BACKGROUND	Lesinurad (Zurampic®, Grünenthal) taken with a xanthine oxidase inhibitor has a marketing authorisation for treating hyperuricaemia in adults with gout, with or without tophi, whose serum uric acid is above the target level with an adequate dose of a xanthine oxidase inhibitor alone.
RELEVANT NICE GUIDANCE	NICE TA506: Lesinurad for treating chronic hyperuricaemia in people with gout "Lesinurad is not recommended within its marketing authorisation, that is, with a xanthine oxidase inhibitor for treating hyperuricaemia in adults with gout whose serum uric acid is above the target level despite an adequate dose of a xanthine oxidase inhibitor alone."
FORMULARY STATUS	**Non- formulary**
PBR STATUS	Cost inclusive of PbR tariff.
COMMISSIONING and PATIENT PATHWAY IMPLICATIONS	Management of gout is primarily a condition managed in primary care. This drug has not been previously available for this condition therefore no commissioning implications.
RELEVANT CLINICAL COMMISSIONING PROGRAMME	Noted by rheumatology working group
PRESCRIBING INFORMATION	The recommended dose of lesinurad is 200 mg, administered orally daily in the morning. This is also the maximum dose. Lesinurad tablets must be given at the same time as the morning dose of a xanthine oxidase inhibitor, that is, allopurinol or febuxostat. The recommended minimum dose of allopurinol is 300 mg, or 200 mg for patients with moderate renal impairment (creatinine clearance 30–59 ml/min). If treatment with the xanthine oxidase inhibitor is interrupted, lesinurad dosing must also be interrupted.
SUMMARY OF EVIDENCE TO SUPPORT FORMULARY STATUS	Drug treatments for gout include 2 xanthine oxidase inhibitors, allopurinol or, if that is not tolerated, febuxostat. Evidence from 2 randomised controlled trials shows that more people on lesinurad plus allopurinol reach a target serum uric acid level than people on allopurinol alone. This outcome is seen as clinically relevant when treating gout, but the number of flares and tophi healing are more important outcomes for patients. It is plausible that lowering serum uric acid levels reduces the number of flares and improves healing of tophi, but the clinical evidence does not show that lesinurad plus allopurinol improves these outcomes compared with allopurinol

	alone. The main factors affecting the cost effectiveness of lesinurad are the assumptions that lowering serum uric acid levels in people with gout improves quality of life and that it prolongs life. Results from observational studies suggest that people with chronic gout have a shorter life expectancy than people without gout. However, there is no robust evidence from randomised trials to show that lowering serum uric acid levels extends life. The preferred cost-effectiveness estimate for lesinurad plus allopurinol compared with allopurinol alone is £62,298 per quality-adjusted life year gained. However, this estimate is not based on comparing lesinurad plus allopurinol with the highest possible dose of allopurinol, so the most plausible cost-effectiveness estimate could be even higher. Because this is substantially above the range normally considered by NICE to be a cost-effective use of NHS resources, lesinurad cannot be recommended.
ASSESSMENT OF COST IMPLICATIONS	The NICE guidance states the company price was quoted as £27.90 per 30-pack of 200-mg tablets.
REFERENCES	NICE TA506: Lesinurad for treating chronic hyperuricaemia in people with gout Published 07/02/2018
DATE	March 2018
REVIEW DATE	March 2020 or before, in light of new information
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