

**Example of 'ideal' updated record for a product where a regulatory dossier has been submitted (1 year from launch)**

Assura

Rifamilumab

Moderate to severe rheumatoid arthritis

Drug	
Manufacturer	Assurent Pharma Ltd
Branded name	Assura
Generic name	Rifamilumab
Synonyms	PC701, rifpuramab
Indication	
Proposed	In combination with methotrexate for the treatment of moderate to severe, active rheumatoid arthritis in adults for who the response to disease-modifying anti-rheumatic drug (DMARD) therapy, including methotrexate, has been inadequate
Final	
Abbreviated	Moderate to severe rheumatoid arthritis
Identified sub groups	Patients not adequately controlled on methotrexate/DMARDs
Proposed place in therapy	After the failure of two previous conventional disease modifying anti-rheumatic drugs including methotrexate
Stage of disease	Active moderate to severe RA
Is paediatric	No
Formulation	
Formulation	Subcutaneous injection
Details	
Mode of action	Inhibitor of northodeconate dehydrogenase (NDDH), a key enzyme involved in joint destruction. First in a new class of biological drugs.

<b>Technology status</b>	New chemical / biological entity
<b>Nature of SPC amendment</b>	
<b>Route</b>	Parenteral
<b>Presentation</b>	Self-administered autoinjector containing 300mg rifamilumab in 1mL solution. Requires fridge storage.
<b>Proposed dose</b>	300mg
<b>Proposed dosing regimen</b>	Given by subcutaneous injection, initially 300mg at weeks 1 and 4, then every 6 months.
<b>BNF Chapter</b>	10 – Musculoskeletal and joint diseases
<b>Disease state</b>	Rheumatoid arthritis
<b>Is the drug considered a personalised medicine?</b>	No
<b>Is there a companion diagnostic test?</b>	No
<b>Please provide details</b>	
<b>Current treatment options</b>	TNF-inhibitors such as adalimumab, certolizumab pegol, etanercept and golimumab.
<b>Likely Comparators</b>	As above
<b>Has this medicine been formally selected for an AWMMSG TDA?</b>	No
<b>Comments</b>	AWMSG confirmed meets exclusion criteria for appraisal by AWMMSG
<b>Has this medicine been formally selected for a NICE HTA?</b>	Yes
<b>Comments</b>	Wave 27, single technology appraisal.
<b>Will this medicine be appraised by the SMC?</b>	Yes
<b>Comments</b>	
<b>Who is the originating company?</b>	Assurent Pharma Ltd
<b>Is the drug being co-marketed?</b>	No
<b>Co-marketing company</b>	
<b>Clinical trial information</b>	
<b>Study Name</b>	AS-104/9
<b>National Clinical Trial number from ClinicalTrials.gov</b>	NCT02101234
<b>Phase</b>	Phase III
<b>Trial start date</b>	
<b>Participating countries</b>	

<b>Patient population</b>	
<b>Study design</b>	
<b>Primary objective</b>	
<b>Primary outcomes</b>	
<b>Secondary outcomes</b>	
<b>Anticipated date of study completion</b>	Q1/2019
<b>Anticipated date of study publication</b>	Q4/2019
<b>Publications</b>	Davis H, Randall C, McEntee J et al. Efficacy and safety of rifamilumab in moderate to severe rheumatoid arthritis: a randomised controlled study. Curr Res Opinion 2014; 38: 4-9
<b>Study Name</b>	PC-415-790
<b>National Clinical Trial number from ClinicalTrials.gov</b>	
<b>Phase</b>	Phase III
<b>Trial start date</b>	Q2/2018
<b>Participating countries</b>	Poland, Russia, South America
<b>Patient population</b>	225 adults with: documented RA diagnosis by the 1987 American College of Rheumatology (ACR) criteria for at least 6 months; disease duration $\geq 6$ months (from symptom onset); failed 1 or more DMARD, including methotrexate; active RA despite current DMARD therapy; active disease defined as $\geq 4$ tender and $\geq 4$ swollen joints (out of 28 joints examined) and ESR $\geq 28$ mm/hr or morning stiffness $\geq 45$ minutes.
<b>Study design</b>	Randomised, double blind, placebo controlled for 12 months
<b>Primary objective</b>	Efficacy and safety of rifamilumab and methotrexate versus methotrexate monotherapy in subjects RA with inadequate response to a DMARD.
<b>Primary outcomes</b>	Number of subjects with an improvement of 20% in the American College of Rheumatology (ACR) Criteria at 3 months.
<b>Secondary outcomes</b>	Number of subjects with an improvement of 20% in the American College of Rheumatology (ACR) Criteria at week 52

	Change from baseline in the Disability Index of the Health Assessment Questionnaire (HAQ) at week 52
<b>Anticipated date of study completion</b>	Q4/2019
<b>Anticipated date of study publication</b>	Q2/2020
<b>Publications</b>	Davis H, Randall C, McEntee J et al. Efficacy and safety of rifamilumab in moderate to severe rheumatoid arthritis: a randomised controlled study. Curr Res Opinion 2014; 38: 4-9
<b>Regulatory information</b>	
<b>Current EU stage of development</b>	Pre-registration
<b>Orphan drug status in EU</b>	No
<b>Date Eu orphan drug status granted</b>	
<b>EU orphan status number</b>	
<b>Classified by EMA as an Advanced Therapy Medicinal Product (ATMP)?</b>	No
<b>MHRA Promising Innovative Medicine (PIM) designation granted?</b>	No
<b>Estimated Early Access to Medicines Scheme (EAMS) submission date</b>	
<b>Actual EAMS submission date</b>	
<b>Estimated EAMS scientific opinion date</b>	
<b>Actual EAMS scientific opinion date</b>	
<b>EAMS scientific opinion decision</b>	
<b>Regulatory procedure</b>	EU Centralised
<b>Estimated regulatory submission date (quarter)</b>	Q1/2021
<b>Estimated regulatory submission date (month)</b>	January
<b>Estimated licence date (quarter)</b>	Q3/2021
<b>Estimated licence date (month)</b>	August
<b>Estimated UK availability date (quarter)</b>	Q3/2021
<b>Estimated UK availability date (month)</b>	August
<b>EU Fast track application anticipated</b>	No
<b>EU Conditional approval anticipated</b>	
<b>Regulatory dossier submitted</b>	Yes
<b>Estimated CHMP opinion date</b>	Q1/2021
<b>Actual CHMP opinion date</b>	
<b>CHMP opinion</b>	

Actual regulatory submission date	
EU Reference Member State	
Licence date for Reference Member State	
Actual licence date	
Actual UK availability date	
Information on EMA/MHRA decisions	Originally submitted in May 2018 but withdrawn 16 June 2019: <a href="http://www.ema.europa.eu/docs/en_GB/document_library/Application_withdrawal_assessment_report/xxxxxxx.pdf">http://www.ema.europa.eu/docs/en_GB/document_library/Application_withdrawal_assessment_report/xxxxxxx.pdf</a> . Plan to re-submit on the basis of a 2nd Phase III study.
MAA EU withdrawal date	Q2/2019
MAA EU withdrawal reason	Need for an additional clinical study to answer questions posed by EMA
If suspended, date of suspension	
Reason for suspension	
Are there further plans for trials/refiling?	Yes
If development in EU discontinued, date of discontinuation	
Reason for EU discontinuation	
If other reason for archival, date of decision to archive	
Other reason to archive	
Development in the US	Phase III
Response letter issued	Yes
Date response letter issued	Q3/2019
FDA fast tracked	Yes
FDA orphan drug status	No
General comments	
<b>Cost and budgetary information</b>	
Proposed average dose	300mg 6 monthly.
Place in therapy	Substitute
Estimated length of treatment	Ongoing
Drug cost range (per patient per year or patient per episode if less than one year)	£20,000 and £30,000
Drug cost notes	Inc. VAT Range above refers to ongoing costs (excluding year 1, which will be higher due to the initiation schedule for the drug)

<b>Is a Patient Access Scheme or alternative discount arrangement planned for this indication?</b>	
<b>Comments</b>	
<b>Is the technology available on a compassionate basis pre-licence in the UK other than clinical trials?</b>	No
<b>Service impact</b>	Substitute for anti-TNFs. Likely to be more expensive. However, following induction, administration is only required every 6 months, less frequently than that for the anti-TNFs. In addition, self-administration so no need for outpatient/GP visits for administration by a healthcare professional.
<b>Impact on patients and carers</b>	Reduced number of injections (every 6 months) and can be self-administered. Fewer visits to health facilities for administration purposes required vs. some of the alternative agents.
<b>UK patient population range</b>	Between 750 and 1,000 per 100,000
<b>UK patient population notes</b>	The estimated prevalence of rheumatoid arthritis in England is 0.86%, equivalent to around 346,000 people (NICE TA225 Rheumatoid arthritis (after the failure of previous anti-rheumatic drugs) - golimumab: costing statement, June 2019).
<b>Estimated eligible patient population</b>	The proportion of patients with RA who are eligible for treatment with biological drugs has been estimated as 10% of the prevalent population: approximately 34,600 people (NICE TA225 Rheumatoid arthritis (after the failure of previous anti-rheumatic drugs) - golimumab: costing statement, June 2019). Possibly 15% of the eligible patient population will receive rifamilumab at peak usage (Company estimate).
<b>Is the drug an orphan drug?</b>	No
<b>Is the drug likely to have a significant service impact?</b>	No
<b>Is the net budget impact for the UK greater than £5million at year 5?</b>	Yes

<b>Estimated uptake</b>	Possibly 15% of the eligible patient population will receive rifamilumab at peak usage (year 5) and uptake is likely to be approximately 5% at year 1. (Company estimate from internal data)
<b>Estimated net incremental drug acquisition costs per annum at year 1 and 5</b>	The estimated drug acquisition cost of rifamilumab is approximately £20,000 to £25,000 per annum (300mg every 6 months). Rifamilumab would be used in place of drug X (25mg subcutaneously every 2 weeks) and drug Y (100mg sc per week). The alternative treatments (drug X and drug Y) cost approximately £10,000 and £12,000 per annum, respectively. The average of these has been assumed as the cost of alternative treatments.
<b>What will be the net budget impact at year 1 and 5?</b>	
<b>Budget impact model available from the company on request</b>	Unknown