Proposal for assessment of new health technologies

Important information – read this first!

- Submitted proposals for national health technologies (HTAs) will be published in full. If the proposer thinks there is information necessary for filling out the form, that should not be made public, please contact the secretariat (Nye Metoder) before submission.

  The proposer is aware that the form will be published in its entirety (tick): ☒

- Proposer has filled out point 19 below «Interests and, if any, conflicts of interest» (tick): ☒
- This form serves the purpose to submit proposals for health technology assessment (HTA) at the national level in Nye Metoder - the national system for managed introduction of new health technologies within the specialist health service in Norway. The form does not apply to proposals for research projects. A health technology assessment is a type of evidence review, and for this to be possible, documentation is required, e.g. from completed clinical trials. Lack of documentation may be one of the reasons why the Commissioning Forum (Bestillerforum RHF) does not assign a health technology assessment.
- If the proposal concerns a medical device, the proposer is familiar with the document «Guidance criteria for management of medical devices in the National System for Managed Introduction of New Health Technologies within the Specialist Health Service in Norway» (link) (tick): ☐

Contact information:

Name of the proposer (organization / institution / company / manufacturer)**:**

Indivior Europe LTD

Name of proposal contact:

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Date and locality:

2019-03-22 Landskrona

1. Proposer's title on the proposal: *

   *This may be changed during the course of the process"

Buprenorphine Film for the treatment of opioid dependence

2. Brief description of the health technology proposed to be considered:

Suboxone Film

Suboxone 2mg/0,5mg sublingual film

Suboxone 4mg/1mg sublingual film

Suboxone 8mg/2mg sublingual film

Suboxone 12mg/3mg sublingual film

Indication: Substitution treatment for opioid drug dependence, with a framework of medical, social and psychological treatment.

3. Brief description of current standard of care (SOC) (Which health technology (ies) are currently used. What is the status of the technology (ies)? Whether it provides curative treatment, life extension, etc.)
Will the proposed technology replace or be a supplement to today's SOC?

The standard of care (SOC) for treatment of opioid dependence in Norway varies considerably depending on patients 'needs and goals, although all treatment has a common objective of reducing the risk of death and ill health due to the opioid dependence. As part of treatment, which typically also involves a framework of medical, social and psychological care, the following opioid substitution medicines may be administrated:

- Sublingual buprenorphine combination with naloxone (various products, generic and branded)
- Sublingual buprenorphine (generic and branded)
- Oral methadone (various products, generic and branded)

The proposed technology will represent an alternative to three medicines above. The most relevant comparator is sublingual buprenorphine/naloxone, as this formulation of buprenorphine is recommended by Helsedirektoratet for first-line use, to reduce risk of diversion and misuse.

The patient profile for this formulation will be same as for tablets but with less time for supervision of the drug intake. The cost for specialist health services/RHF will be reduced due to decreased daily supervision time.

4. This proposal concerns:

	Yes	No
A brand new and innovative health technology	☐	☐
A new application, or a new indication for an established method	☒	☐
A comparison between several methods	☐	☐
A technology that is already in use	☒	☐
If yes – technology used in clinical practice	☒	☐
If yes – technology used in research/clinical trials	☐	☐
A re-evaluation of technology used in clinical practice	☐	☐

The technology is relevant for disinvestment ☐ ☐

The Film formulation is not a new technology but rather a new administrative form of an established treatment.

5. This health technology involves (Multiple ticks are possible)

Pharmaceutical ☒

Medical device/IVD medical device that is CE-marked* ☐

"*If the technology is CE-marked: What is it CE- marked as and for which indication? Please describe"

Medical device/IVD medical device that is not CE-marked ☐

Procedure ☐

Screening ☐

Highly specialized services / national offers ☐

Organization of the health services ☐

Other (describe) ☐

"If relevant, please include who should be responsible for developing the technology."

6. Application of the technology:

Prevention	☐
Assessment and diagnostics	☐
Treatment	☒
Rehabilitation	☐
Specialist health care	☒
Primary health care	☐

7. Responsibility for funding

	Yes	No
Is the specialized health service responsible for financing the technology today?	☒	☐
May the specialized health service become responsible for funding the health technology?	☒	☐

Treatment of opioid dependence is funded through regional hospital healthcare budgets/ RHF.

8. Is the technology mentioned in the national guidelines or action programs prepared by the Norwegian Directorate of Health?

Yes	No
☒	☐

National guidelines on the treatment of opioid dependence are currently under review. New formulation as the Film is expected to be part of the new guidelines

9. Does the technology involve the use of radiation (ionizing/ non- ionizing)?

Yes	No
☐	☒

"Give a short description of type of radiation source, device and degree of radiation exposure"

10. Which discipline(s) does the health technology apply to, and which patients are affected? (Could the health technology also affect other groups (e.g. health personnel or relatives)?)

The health technology is used in addiction medicine, a multidisciplinary field involving psychiatry, social work and pharmacology. The technology has implications for delivery of therapy as, unlike available oral and sublingual products, there is less time required for daily supervision.

11. Which aspects are relevant to the assessment? (Multiple ticks are possible)

Clinical efficacy	☐
Safety/adverse effects	☐
Costs/resource use	☒
Cost-effectiveness	☐
Organizational consequences	☒
Ethical	☐
Legal	☐

12. Please suggest the main scope/objective for the health technology assessment, as well as secondary scopes/objectives (in compliance with question 10). For those familiar with "PICO" (Patient, Intervention, Comparator, Outcome) – please include tentative suggestions for PICO.

Patient: Patients requiring treatment for opioid drug dependence

Intervention: Suboxone Film

Comparator: Sublingual buprenorphine/naloxone (Suboxone) suggested due to its relevance to the prevention of diversion and misuse

Outcome: Urine samples negative for illicit opioids (i.e. illicit opioids used "on top" of prescribed opioid dependence therapy), overall median cumulative percent negative urine samples, retention in treatment, resource use associated with administration and supervision of consumption of the intervention and comparator.

The efficacy and safety for the Film comparable with the sublingual tablets

The Film formulation is not a new technology but rather a new administrative form of an established treatment. The patient profile for this formulation will be the same as for tablets. There will be benefits vs tablets for patients (less time for daily supervision of the drug intake). The cost for HF will be reduced due to less supervision time.

A Cost minimization model and a "forenklet metodevurdering" would be relevant for this Film formulation.

13. Please give a brief explanation of why it is important that the health technology assessment proposed should be conducted.

Suboxone Film represents an innovation in opioid dependence treatment. It has a potential to eliminate the potential for buprenorphine diversion and misuse, a concern for health authorities in Norway. A study has demonstrated a preference for the Film compared to the tablets.

It affords potential savings to the healthcare service because the use of the Film can reduce supervision time.

14. Please comment on the technology that is proposed to be assessed with regard to the following points:

The severity of the disease/condition the health technology targets

Opioid dependence is a potentially fatal condition which has profound impacts for the patient and the society in which they live. Aside from the risk of fatal overdose, long-term addiction to opioids can increase an individual´s risk of comorbidities, greatly increasing their likelihood of premature death (e.g. due to respiratory or liver diseases) as well as their burden to the health care sector, families and the community. The impact on wider society is also severe, due to drug-related crime, acquisitive crimes committed to fund the drug use.

Expected effect

For patients, Suboxone Film represents an opportunity to decrease daily supervision time. This has potential to increase patient's acceptance for treatment of visiting addiction clinics on a regular basis The Film has the potential to reduce diversion and increase adherence to treatment. Study has shown a preference for the Film compared to tablets.

Suboxone Film has a potential to generate resource savings and free up health services capacity and therefore will have benefits for the LAR clinic sector.

For wider society, sustained treatment retention and reduced levels of "on-top" illicit opioid use have a proven impact on the level of crime committed. Further, successful management of opioid dependence will reduce patients 'future morbidity and their burden on the public sector including healthcare.

In the draft SPC text it is mentioned that after 30 seconds of the Film, none of the patients could remove the Film. This was showned in a RCT study with tablets as a comparator. In the same study a strong preference was demonstrated for the Film compared to the tablets. A database analysis after the introduction of Suboxone Film in the US indicates that this improved preference translates to improved adherence and better outcomes for patients using Suboxone Film vs Tablets (14% more Film patients remained adherent to treatment at 12 months, with a 27% lower total health care costs over 12 months).

Safety

Summary of the safety profile The Suboxone sublingual film safety information is based upon findings obtained during the clinical development of buprenorphine/naloxone sublingual tablets. The most commonly reported treatment related adverse reactions reported during the pivotal clinical studies were constipation and symptoms commonly associated with drug withdrawal (i.e. insomnia, headache, nausea, and hyperhidrosis and pain). Some reports of seizure, vomiting, diarrheas, and elevated liver function tests were considered serious.

Total number of patients in Norway the health technology is applicable to

Relevant for the existing patients in "LAR" treatment. The licensed indication for Suboxone Film does not limit usage to any one subpopulation of patients with opioid dependence.

Consequences for resource use in the public health service

The Suboxone product is expected to result in savings in supervision costs.

Need for revision of existing national guidelines or preparation of new guidelines

National guidelines for opioid dependence treatment are currently under revision. A new guideline is expected to include new oral formulations as this is requested by the LAR services to reduce administration costs and improve patient satisfaction.

15. Please provide references to documentation of the health technology's effect and safety (i.e. previous technology assessments). (Up to 10 key references can be provided, please do not send attachments in this step of the process):

N.Lintzeris, et al. A randomised controlled trial of sublingual buprenorphine–naloxone film versus tablets in the management of opioid dependence Drug and Alcohol Dependence. Volume 131, Issues 1–2, 1 July 2013, Pages 119-126. Soyka M. Buprenorphine and buprenorphine/naloxone soluble-film for the treatment of opioid dependence. Expert Opin. Drug Deliv (2012)9(11).1409_17. Clay E et al. Persistence and healthcare utilization associated with the use of buprenorphine/naloxone film and tablet formulation therapy in adults with opioid dependence J Med Econ (2014)179: 626–36

16. Please provide the name of the marketing authorization holder/manufacturer/supplier of the health technology (if applicable/available):

Indivior Europe LTD

17. Marketing Authorization Status (MA) or CE-marking: When is MA or CE- marking expected? If possible, provide the time of planned marketing:

If the application for MA is approved and a license issued, the MA numbers will be as follows:

EMEA/H/C/000697/015	Suboxone	2 mg / 0.5 mg	Sublingual film
EMEA/H/C/000697/016	Suboxone	2 mg / 0.5 mg	Sublingual film
EMEA/H/C/000697/017	Suboxone	2 mg / 0.5 mg	Sublingual film
EMEA/H/C/000697/018	Suboxone	4 mg / 1 mg	Sublingual film
EMEA/H/C/000697/019	Suboxone	4 mg / 1 mg	Sublingual film
EMEA/H/C/000697/020	Suboxone	4 mg / 1 mg	Sublingual film
EMEA/H/C/000697/021	Suboxone	8 mg / 2 mg	Sublingual film
EMEA/H/C/000697/022	Suboxone	8 mg / 2 mg	Sublingual film
EMEA/H/C/000697/023	Suboxone	8 mg / 2 mg	Sublingual film
EMEA/H/C/000697/024	Suboxone	12 mg / 3 mg	Sublingual film
EMEA/H/C/000697/025	Suboxone	12 mg / 3 mg	Sublingual film
EMEA/H/C/000697/026	Suboxone	12 mg / 3 mg	Sublingual film

The MA approval is expected Q1 2020.

18. Additional relevant information (up to 300 words.)

The Film formulation is not a new technology but rather a new administrative form of an established treatment. The patient profile for this formulation will be the same as for tablets. There will be benefits vs tablets for patients (reduce risk of diversion and misuse and less time for daily supervision of the drug intake). The cost for RHF will be reduced due to less time of supervision.

A Cost minimization model and a “forenklet metodevurdering” would be relevant for this Film formulation.

19. Interests and potential conflicts of interests

Please describe the proposer’s relationships or activities that may affect, be influenced by, or be perceived by others to be important for further management of the health technology that is proposed assessed. (E.g. proposer has financial interests in the matter. Proposer has or has had assignments in connection with the technology or to other actors with interest in the technology)

Indivior Europe LTD will be the marketing authorization holder of the Suboxone Film buprenorphine product.