Lori Farrar
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02 April 2015

Dear Lori,

Re: Rheumatoid arthritis - adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, abatacept and tocilizumab - review [ID537]

Thank you for the opportunity to respond to the consultation on the NICE RA MTA. We would like to point out however that we have been in contact with NICE since January 22nd 2015 it is only in the last week (Friday 27th March) that we have been offered the opportunity to contribute to this appraisal.

We are pleased to note from earlier email correspondence that NICE will ask the Assessment Group to include Remsima® (infliximab) in the appraisal at its current NHS list price of £377.66 per 100mg vial. We are also delighted that the DSU and AG have explored a number of different patient sub-groups with RA and have included further analyses using EULAR and HAQ scores.

We are a little disappointed that we have only been able to access the executable health economic model with such a short deadline (Thursday April 2nd), since this would have allowed us to comment in greater depth on the technical side of the appraisal. We would have liked the opportunity to have time (more than 1.5 working days) to access the model so that we could have modelled ICERs for Remsima as well as the originator infliximab. In fact we only received the model on the morning of Wednesday 1st April. The model is complex and we have not had the amount of time we would have liked to understand and test the assumptions contained within it, and we would be very keen to know how the ICERs change for infliximab if lower acquisition costs are applied e.g. £230 per 100mg vial.

We note that the PlanetRA clinical trial Remsima vs infliximab (Remicade®) has not been included in the search.

In an era where the NHS is struggling to meet its targets and budgets, we remain disappointed that NICE has not been able to find a way to include the “actual” acquisition price for biosimilars rather than the NHS list price. NICE methodology allows for the inclusion of a PAS price, which is in essence an agreed discount. A tender price is also in essence an agreed discounted price. The methodology used for appraisal could so easily

take into account the tender price through sensitivity analysis. We know from recent appraisals e.g. the ongoing MTA for ankylosing spondylitis that the cost per QALY and related ICERs for Remsima are lower than those for originator infliximab. We also are aware that the cost per QALY is sensitive to not only the cost of the product but also the cost of the infusion. We believe that NICE is missing an opportunity to support the uptake of cost-effective medicines at a time when the NHS truly needs such support. There is a danger that based purely on the relative ICERS that NICE could be selective in its advice and deny many more patients access to infliximab (including Remsima) and the NHS to savings.

The committee members are unlikely to be aware of the potential benefits that biosimilars can bring to the NHS and we would urge NICE to ensure that the committee is aware of the anomaly that exists here with pricing. Taking the true acquisition price for Remsima into consideration should reduce the ICER and alters the ranking order of the anti-TNFs based on the ICERs. We would like to suggest that NICE and the AG find a way to include the tender price in the calculation of the ICERs and the ensuing guidance on the use of anti-TNFs in RA.

Kind Regards
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Napp Pharmaceuticals

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