Sent by e-mail only: XXXXXXXXXXXXXXXX

FAO XXXXXXXXX

Chair

PNH Support

c/o 4 Buckland Road

London

E10 6QS

Wednesday 16 October 2024

Dear XXXXX

**Re: Final Draft Guidance — Crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over [ID6140]**

Thank you for your letter of 9 October 2024, lodging an appeal against the above Final Draft Guidance ("FDG").

Introduction

The Institute's appeal procedures provide for an initial scrutiny of points that an appellant wishes to raise, to provide an initial view on whether they are within the permitted grounds of appeal ("valid") and are at least arguable. The permitted grounds of appeal are:

* 1(a) NICE has failed to act fairly, or
* 1(b) NICE has exceeded powers;
* (2) the recommendation is unreasonable in the light of the evidence submitted to NICE.

This letter sets out my initial view of the point of appeal you have raised: principally whether it falls within any of the grounds of appeal, or whether further clarification is required. Only if I am satisfied that your point contains the necessary information, is arguable, and falls within any one of the grounds will your appeal be referred to the Appeal Panel.

You have the opportunity to comment on this letter in order to elaborate on or clarify the appeal point you have raised before I will make my final decision as to whether it should be referred on to the Appeal Panel.

Initial View

***Ground 2: the recommendation is unreasonable in the light of the evidence submitted to NICE***

**Appeal point 2.1:**

I understand your appeal letter to raise a single appeal point, namely that the committee's conclusion that "*When switching from eculizumab or ravulizumab to crovalimab, some people can experience adverse events called transient immune complex reactions. But these usually do not last long and so are not included in the economic model*" is unreasonable on the basis of the evidence put to the committee regarding "*three patients globally who had serious adverse reactions when switched from ravulizumab to crovalimab*", one of whom you note is bringing a claim against the company. You assert that it is it is inconceivable that the committee drew the above conclusion in the FDG given that these three patients experienced serious adverse events ("SAEs") that cannot be described as immune complex reactions that 'did not last long'.

I note that PNH raised this evidence to NICE's attention during the appraisal and the committee was aware of the three patients. I also note the redacted committee papers.

I agree that an appeal point relating to whether NICE has reached a reasonable conclusion, affording proper weight to the evidence, ought properly to be brought under ground 2.

However, I am not currently minded to refer your appeal point to the Appeal Panel.

That is because the statement you challenge in the FDG (and the committee's consequent decision not to include SAEs in the economic model) is unequivocal that it relates to what is "**usual**". On its face, the evidence of three patients (globally) experiencing long lasting SAEs does not seem capable of rendering unreasonable the conclusion that such events "**usually**" do not last long. Rather, it seems to me that it is possible for both the statement in the FDG to be true and for three patients (among a larger patient population) to experience long lasting SAEs.

I therefore do not consider the point in your appeal letter to be arguable. I do, however, invite you to reply to this letter setting out any additional context, evidence, argumentation or clarification that you consider supports an arguable appeal point that the committee's recommendation or a particular conclusion was unreasonable in light of the evidence submitted to NICE.

It may assist you to consider NICE's appeal process guide, which explains in respect of ground 2 that:

*"NICE will not accept an appeal simply because a consultee disagrees with the views or conclusions in the final draft guidance. However, a consultee may appeal if they consider that the recommendations in the final draft guidance cannot reasonably be justified from the evidence presented to the committee. This ground means that the guidance is obviously and unarguably wrong, illogical, or so absurd that a reasonable advisory committee could not have reached such conclusions. The Appeal Panel will not make new judgements about the technology, but will review the advisory committee's decisions to see if they can reasonably be justified, based on the evidence that was available to the advisory committee. It should be noted that it is possible that 2 different committees could reach different conclusions based on the same evidence without acting unreasonably."*

Conclusion

The above sets out above my initial view on your appeal point.

You are entitled to submit further clarification and/or evidence to me within the next 11 working days, and I will then give a final decision on the points to put before an appeal panel.

Once I have made my final decision, and where there is more than one appellant, each appellant will receive the valid appeal points of the other appellants and their redacted appeal letter. This is to enable appellants to avoid duplication at the hearing where there are overlapping appeal points. If the appeal letter and/or responses to scrutiny contain confidential information please ensure you have provided a version with this information redacted by 7 November 2024.

Ordinarily appeals are conducted on the basis of the appellant/s’ written appeal letter/s, and the material generated during the appraisal process. Use of additional written material is discouraged, and the panel cannot receive any new evidence. If, exceptionally, you feel there is written material that will not be before the panel that you would wish to rely on you must let the NICE Appeal team know by return of letter, indicating what the material is, why it is desirable to submit it, and when it will be available, by no later than 7 November 2024. Please note that the appeal panel cannot accept papers that are tabled late or ad hoc, as this affects the preparation of the panel and other parties for the appeal.

Yours sincerely

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Sharmila Nebhrajani OBE

Non-Executive Director & Chairman

National Institute for Health and Care Excellence