Network Pharmacist Response to NICE single Technology Appraisal for Erlotinib and Pemetrexed for the treatment of Non Small Cell Lung Cancer – Appraisal Consultation Documents

Pemetrexed

There are no additional comments which the group would like to offer in respect of this appraisal and the Pharmacists agree with the preliminary recommendations; based on the evidence presented in the consultation document.

Erlotinib

In view of the possible and assumed equivalence of efficacy for this technology with respect to docetaxel, and its improved tolerance by patients both in terms of the side effect profile and the ability of poor performance status patients to receive therapy. It seems inequitable to deny this group of patient's access to any therapy when they could receive erlotinib.

Therefore 1:1 Would remain as per the consultation document

1:2 1st indent - Would become 'is mined to recommend'

Finally the issue of patients who have previously received docetaxel and whose disease has subsequently relapsed. This requires further clarification, if I have understood the evidence then the cost effectiveness model(s) appear to be highly sensitive to small changes in both utility and price. It would therefore seem to have greater credibility to run the models using median numbers of treatment received rather than mean numbers of treatment cycles (4.39 packs for erlotinib & 4.82 cycles for docetaxel) as clinical practice will always be for completed cycles or whole packs.

Also the models do not seem to take account of the fact that patients in whom the technology is ineffective will not receive more than two cycles (6 weeks). This patient attrition may be decay in the Markov model but I could not see this from the evidence presented. Therefore the committee's recommendation for further clarification seems sensible.

If further clarification of these comments are required or I can be of any further assistance then please do not hesitate to contact me:

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