The British Society for Rheumatology

Lori Farrar
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13th October 2010

Dear Lori

Re: BSR comments on ACD for golimumab for the treatment of psoriatic arthritis

Please see the below comments from BSR regarding the ACD for golimumab for the treatment of psoriatic arthritis:

- BSR feel that all of the relevant evidence has been taken into account.
- BSR do not agree that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence. There is not sufficient evidence to consider that golimumab is in any way different to the other anti-TNF drugs in use and recommended for the treatment of psoriatic arthritis. Part of the economic analysis relies on the manufacturers' recommendation that 100mg doses be used in patients over 100kg that show an inadequate clinical response to 50mg monthly. However, the clinical experts present at the appraisal indicated that they would not prescribe golimumab on this basis but would consider switching to another anti-TNF agent.
- The provisional recommendations are not sound or a suitable basis for guidance to the NHS. In view of above the committee should reconsider the decision. It may be prudent to ask the manufacturer to provide more data on safety of golimumab in other indications and to provide more long term data on the efficacy and safety for this indication.
- There are no equality-related issues that need special consideration and are not covered in the appraisal consultation document.

Overall, the manufacturer should be able to supply some extra information to address the gaps in data presented to the committee. However, based on the evidence presented there is no reason not to support golimumab's use alongside the other three agents already approved. It will provide patients with a further agent that could give them significant benefit.

Please do not hesitate to contact BSR if you require any further information.

Yours sincerely,

[redacted]

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