Comments for the Appraisal committee sent by Consultee:

Sue Ashwell, NHS Cambridgeshire acting on behalf of NHS Havering

1. Has all the relevant evidence been taken into account?
    - The evidence on the impact of activity (e.g. day case) activity on the relative costs of the drugs does not appear to have been fully taken into account. Evidence on relative cost of administering each product is included in the ACD. However, I can confirm that current activity cost from a selection of providers shows an average cost of £740 i.e. a cost to administer the alternative infliximab that is three times the figure quoted cost from NICE of administering infliximab in other TAs. NICE is asked to review its evidence on the cost of administration of alternative products when considering the relative cost effectiveness of these agents
    - SIGN guidance on management of Psoriasis and Psoriatic Arthritis is due to be published in November 2010. Whilst that is Scottish guidance, and NICE relates to England and Wales, the Appraisal Committee is requested to take account of that information as that potentially relevant evidence on clinical opinion was brought to the Committee's attention through a clinical expert's submission. Failure to cross reference to such evidence as that from SIGN guidelines creates confusion and can make it harder for consultants and commissioners to implement NICE guidance consistently.

2. Are all the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?
    - From a commissioning perspective the ACD says too little to link this guidance to that published recently by NICE on the use of other antiTNFs in this disease.
    - Therefore absence of clear cross reference to the implications of the other NICE guidance leads many to read the ACD in isolation, even though the relevant NICE documents are quoted near the end of the ACD
    - The demonstrated difference in effectiveness as well as cost effectiveness of the different antiTNFs used in the evidence considered are reasonable, but when reported the impact of these differences on benefit for patients is difficult understand; the interpretations are not worded sufficiently clearly to be a useful guide for patients, consultants or commissioners

3. Are the provisional recommendations sound and a reasonable basis for guidance to the NHS?
    - Not entirely. Issues of relative benefit and potential problems, against other options, should more clearly be set out. If that is not properly addressed a drop in price through a patient access scheme will cloud the awareness of professionals and patients about the potential <u>dis</u>benefits for some including (a) longer periods when there may be reduced symptom relief, (b) lower efficacy, (c) latex in the product

4. Are there any aspects of the recommendations that need particular consideration to ensure that we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?
    - Section 2.2 of the ACD refers to situations in which golimumab either should not be used or where caution is required. NICE is asked to add to this section of the appraisal the fact that latex is present in the golimumab syringe (confirmed by the manufacturer at the Appraisal Committee hearing). This could cause a life-threatening reaction in some patient or their families or carers and they would be disadvantaged if this were not highlighted.