National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Canakinumab for treating systemic juvenile idiopathic arthritis

Response to consultee and commentator comments on the draft scope

Section	Consultees	Comments	Action
Background information	National Rheumatoid Arthritis Society	Adequate	Comment noted. No action required.
	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	The background information is accurate. We would add that complications from systemic onset JIA, such as macrophage activation syndrome, can be life-threatening and the disease needs early aggressive management. Osteoporosis is another long-term risk factor with important consequences in adult life. Like other JIA subgroups, the focus of treatment in recent years has been early aggressive therapy aiming for complete disease remission – hence DMARD therapy (methotrexate) is started at onset and biologics are used if control is not obtained within a 3-month period (or earlier if concern about life-threatening complications). NSAIDS may be used as an adjunctive treatment but are not typically used for disease control in current practice. There is recent discussion regarding the potential use of biologics at disease-onset in order to avoid disease or treatment-related complications (children with systemic onset JIA have significant disease and steroid-related morbidity and mortality). This rationale needs to be explored further in clinical trials but it may be important to acknowledge this concept during consultation.	Comments noted. The background section is intended to only provide a brief overview of the condition and the current treatment options. A more detailed description will be included in the manufacturer's submission. No change to the scope required.
	Royal College of Paediatrics and Child	Whilst we felt that the document did not mention NICE's position on Anakinra, the background information is	Comment noted. The scope is intended to only provide a brief

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	Health	accurate. We would add, however, that complications from systemic onset JIA, such as macrophage activation syndrome, can be life-threatening and the disease needs early aggressive management. Osteoporosis is another long-term risk factor with important consequences in adult life. Like other JIA subgroups, the focus of treatment in recent years has been early aggressive therapy aiming for complete disease remission – hence DMARD therapy (methotrexate) is started at onset and biologics are used if control is not obtained within a 3-month period (or earlier if concern about life-threatening complications). NSAIDS may be used as an adjunctive treatment but are not typically used for disease control in current practice. There is recent discussion regarding the potential use of biologics at disease-onset in order to avoid disease or treatment-related complications (children with systemic onset JIA have significant disease and steroid-related morbidity and mortality). This rationale needs to be explored further in clinical trials but it may be important to acknowledge this concept during consultation.	description of the condition. A more detailed overview of the condition and current treatment options will be included in the manufacturer's submission. No change to the scope required.
	Royal College of Pathologists	It is good.	Comment noted. No action required.
The technology/ intervention	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	Information on the technology / intervention is accurate. CSAC and BSPAR have recently been asked to comment on NICE proposal to combine review of TA35 (etanercept) with appraisals for other biologics in the treatment of JIA. Canakinumab was excluded from the list of other biologics but CSAC and BSPAR would recommend that it is included within a multi-technology appraisal for the use of biologics in JIA. It is crucial for treating paediatric rheumatologists to	Comment noted. Canakinumab is being appraised as an STA. Consideration of comments relating to the review proposal of NICE Technology Appraisal No. 35 (etanercept for active polyarticular juvenile idiopathic arthritis) is still ongoing. If the review is undertaken,

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		have treatment choices in order to adequately control this disease and obtain disease remission – each biologic works well for a high proportion of patients, but not all patients. In addition, paediatric-specific issues need to be considered including increasing adherence by offering choice of preparation (intravenous / subcutaneous), and addressing psychological issues from previous medications or experiences.	it will not consider treatments for systemic juvenile idiopathic arthritis. Tocilizumab has already been appraised in systemic juvenile idiopathic arthritis and recommended by NICE (Technology Appraisal No. 238), and this guidance will not be considered for review until December 2014. Therefore an assessment of canakinumab will not form part of the review of TA35.
	Royal College of Paediatrics and Child Health	Yes, information is accurate. With regard to the NICE proposal to combine review of TA35 (etanercept) with appraisals for other biologics in the treatment of JIA, canakinumab was excluded from the list of other biologics. It is recommended that it is included within a multi-technology appraisal for the use of biologics in JIA. It is crucial for treating paediatric rheumatologists to have treatment choices in order to adequately control this disease and obtain disease remission – each biologic works well for a high proportion of patients, but not all patients. In addition, paediatric-specific issues need to be considered including increasing adherence by offering choice of preparation (intravenous / subcutaneous), and addressing psychological issues from previous medications or experiences.	Comment noted. Canakinumab is being appraised as an STA. Consideration of comments relating to the review proposal of NICE Technology Appraisal No. 35 (etanercept for active polyarticular juvenile idiopathic arthritis) is still ongoing. If the review is undertaken, it will not consider treatments for systemic juvenile idiopathic arthritis. Tocilizumab has already been appraised in systemic juvenile idiopathic arthritis and recommended by NICE (Technology Appraisal No. 238), and this guidance will not be considered for review until December 2014. Therefore an assessment of canakinumab will not form part of the review of TA35.
	Royal College of Pathologists	Yes	Comment noted. No action required.
Population	Paediatric Rheumatology	Appropriate consideration of populations. Although	Comment noted. The Committee can

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	College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	tocilizumab is available as an alternative treatment, six groups need to be considered specifically: (1) There a proportion of patients that will fail to respond to tocilizumab or have significant adverse events with tocilizumab (including infusion reactions) and need alternative biologic therapies such as canakinumab. (2) There are a proportion of patients that will not be able to tolerate intravenous infusions due to needle phobia / psychological issues and it is important to be able to offer choice of a subcutaneous injection. Although trials are underway with SC tocilizumab, this is not currently an option and it needs to be given intravenously every 2-4 weeks). Anakinra requires daily SC injections which is difficult for patients / parents. In contrast, canakinumab by 4-weekly SC injection is tolerable for children / young people. (3) It is recognised in clinical practice that patients may have an initial good response to a certain biologic but this response may decrease over time. Thus, alternative biologic therapies need to be available to use in a stepwise manner. (4) Adolescent / young adult groups need to be considered separately with specific issues to address including choice of treatment (eg. subcutaneous preparations may interfere less with college / school / work commitments compared to intravenous alternatives) and access to treatment (especially when moving area to attend university / work placements or when transferring to adult care). It is important that canakinumab is considered as an available option in all ages including adolescent / young adult groups (no age restriction such as 17 years of age that places adolescents at a disadvantage between paediatric and adult care). (5) Children / young people with arthritis due to genetic mutations such as periodic fever syndromes (including CINCA and CANDLE) that are associated with significant mortality and morbidity. (6). Children / young people with life threatening complications of systemic JIA such as macrophage	only make recommendations on the use of canakinumab in line with its marketing authorisation. Possible advantages of canakinumab (in terms of mode of administration etc) compared with other available treatments will be considered by the Committee during the course of the appraisal. No change to the scope required.

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		activation syndrome (haemophagocytic lymphohistiocytosis) that may require early and urgent use of biologic treatment.	
	Royal College of Paediatrics and Child Health	Yes, appropriate consideration of populations. Although tocilizumab is available as an alternative treatment, six groups need to be considered specifically: (1) there are a proportion of patients that will fail to respond to tocilizumab or have significant adverse events with tocilizumab (including infusion reactions) and need alternative biologic therapies such as canakinumab, (2) there are a proportion of patients that will not be able to tolerate intravenous infusions due to needle phobia/psychological issues and it is important to be able to offer choice of a subcutaneous injection. Although trials are underway with SC tocilizumab, this is not currently an option and it needs to be given intravenously every 2-4 weeks. Anakinra requires daily SC injections which is difficult for patients/parents. In contrast, canakinumab by 4-weekly SC injection is tolerable for children / young people, (3) it is recognised in clinical practice that patients may have an initial good response to a certain biologic but this response may decrease over time. Thus, alternative biologic therapies need to be available to use in a stepwise manner, (4) young adult groups need to be considered separately with specific issues to address including choice of treatment (e.g. subcutaneous preparations may interfere less with college/school/work commitments compared to intravenous alternatives) and access to treatment (especially when moving area to attend university/work placements or when transferring to adult care). It is important that canakinumab is considered as an available option in all ages including adolescent/young adult groups (no age restriction such as 17 years of age that places adolescents at a disadvantage between paediatric and adult care), (5) children/young people with arthritis due to genetic mutations such as periodic fever syndromes	Comment noted. The Committee can only make recommendations on the use of canakinumab in line with its marketing authorisation. Possible advantages of canakinumab (in terms of mode of administration etc) compared with other available treatments will be considered by the Committee during the course of the appraisal. No change to the scope required.

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		(including CINCA and CANDLE) that are associated with significant mortality and morbidity, (6).children/young people with life threatening complications of systemic JIA such as macrophage activation syndrome (haemophagocytic lymphohistiocytosis) that may require early and urgent use of biologic treatment.	
Comparators	National Rheumatoid Arthritis Society	We know there is a large cohort of children on etanercept and some on adalimumab and wondered if these have not been included in this list of comparators due to them being anti-TNF?	Comments from clinical specialists during a previous scoping workshop for this topic indicated that anti-TNF alpha inhibitors have poor efficacy in systemic JIA and are not routinely used in clinical practice. In addition, etanercept and adalimumab are only licenced for polyarticular JIA. It was noted that instead anakinra (interlukin-1 inhibitor) is routinely used as a first-line biologic therapy despite not having a licence for systemic JIA. Consultees and commentators confirmed the importance of comparing canakinumab with a clinically relevant comparator and highlighted tocilizumab and anakinra as the most relevant biologic therapies for this appraisal. No changes to the scope required.
	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	The most appropriate comparators have been chosen (methotrexate / anakinra / tocilizumab) and are routinely used in clinical practice. Although some patients will respond to anti-TNF treatment, this treatment is known to be far less effective for patients with systemic onset JIA compared to other JIA subgroups.	Comment noted. No change to the scope required.

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	Royal College of Paediatrics and Child Health	Why is anakinra included given it is not recommended by NICE? The most appropriate comparators have been chosen (methotrexate/anakinra/tocilizumab) and are routinely used in clinical practice. Although some patients will respond to anti-TNF treatment, this treatment is known to be far less effective for patients with systemic onset JIA compared to other JIA subgroups.	The comparators in the scope should reflect established clinical practice. Comments from clinical specialists during a previous scoping workshop for this topic indicated that anakinra (interlukin-1 inhibitor) is routinely used as a first-line biologic therapy despite not having a licence for systemic JIA. No changes to the scope required.
	Royal College of Pathologists	Yes	Comment noted. No actions required.
Outcomes	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	Growth should be added as an outcome measure (particularly important for children with systemic onset JIA where inadequate disease control and long-term steroid use leads to impaired growth). Bone health (osteoporosis risk) is also an important outcome. Otherwise, appropriate outcomes have been considered. Long-term outcomes are also important including possible joint replacement / long-term disability and inability to work if damage from uncontrolled disease and increased long-term cardiovascular risks from uncontrolled inflammation.	Comment noted. Growth and Bone Health have been added as possible outcome measures in the scope. The manufacturer will be encouraged to include longer-term outcomes in their economic model and evidence submission.
	Royal College of Paediatrics and Child Health	Yes. Growth should be added as an outcome measure (particularly important for children with systemic onset JIA where inadequate disease control and long-term steroid use leads to impaired growth). Bone health is also an important outcome. Otherwise, appropriate outcomes have been considered. Long-term outcomes are also important including possible joint replacement / long-term disability and inability to work if damage from uncontrolled disease and increased long-term cardiovascular risks from uncontrolled inflammation.	Comment noted. Growth and Bone Health have been added as possible outcome measures in the scope. The manufacturer will be encouraged to include longer-term outcomes in their economic model and evidence submission.

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	Royal College of Pathologists	Yes, generally reasonable, the long term safety is not known	Comment noted. No action required.
Economic analysis	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	Economic considerations should include cost of DLA / carer's benefits and consequences on parents / carers' work, educational consequences and employment opportunities, cost of joint replacements if damage due to poorly controlled disease etc. Economic analysis also needs to consider cost of SC injection (canakinumab) that can be administered at home (Homecare costs, needles etc) versus cost of intravenous infusion for alternative preparations (inpatient costs etc).	Comment noted.
	Royal College of Paediatrics and Child Health	Yes. Economic considerations should include cost of DLA/carer's benefits and consequences on parents/carers' work, educational consequences and employment opportunities, cost of joint replacements if damage due to poorly controlled disease etc. Economic analysis also needs to consider cost of SC injection (canakinumab) that can be administered at home (Homecare costs, needles etc) versus cost of intravenous infusion for alternative preparations (inpatient costs etc).	Comment noted.
Equality	National Rheumatoid Arthritis Society	Issues of equality of access across UK -Distance from specialist centres - absence of outreach clinics -limited commitment from District General Hospitals to research and close surveillance of patients -availability of funding to support families - inequality of opportunity Interruption to a child's education and the inequality of educational opportunities due to uncontrolled disease and	Comments noted. Equality of access is a guidance implementation issue and is considered to be outside the remit of a health technology appraisal. The Committee will ensure that any guidance issued does not discriminate against any population groups protected under equality legislation. No changes to the scope required.

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		disruption to attending school/college can have a long lasting negative impact on the patient's adult life and career prospects.	
	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	Important to ensure equality in access to care: avoiding postcode lottery but also ensuring that biologics are available in the transition period between paediatric / adolescent / adult care and that adults that developed their disease in childhood have on-going access to medication when they transfer to adult services.	Comments noted. Equality of access is a guidance implementation issue and is considered to be outside the remit of a health technology appraisal. The Committee will ensure that any guidance issued does not discriminate against any population groups protected under equality legislation. No changes to the scope required.
	Royal College of Paediatrics and Child Health	This is not included in the table. We feel that it is important to ensure equality in access to care: avoiding postcode lottery but also ensuring that biologics are available in the transition period between paediatric/adolescent/adult care and that adults that developed their disease in childhood have on-going access to medication when they transfer to adult services.	Comments noted. Equality of access is a guidance implementation issue and is considered to be outside the remit of a health technology appraisal. The Committee will ensure that any guidance issued does not discriminate against any population groups protected under equality legislation. No changes to the scope required.
Other considerations	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	Long-term safety monitoring already in place in paediatric rheumatology via BSPAR Extended Biologics Registry; need to ensure long-term safety monitoring when patients transfer to adult care. The emotional benefit of 1x /month SC injection vs more frequent needle based treatment (such as daily SC injections with anakinra) in a young child needs to be considered.	Comments noted. Any additional benefits of canakinumab relative to comparator technologies will be considered by the Committee during the course of the appraisal. No changes to the scope required.

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	Royal College of Paediatrics and Child Health	Long-term safety monitoring is already in place in paediatric rheumatology; we therefore need to ensure long-term safety monitoring when patients transfer to adult care. The emotional benefit of 1x /month SC injection vs more frequent needle based treatment (such as daily SC injections with anakinra) in a young child needs to be considered.	Comments noted. Any additional benefits of canakinumab relative to comparator technologies will be considered by the Committee during the course of the appraisal. No changes to the scope required.
Innovation	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	We believe that the technology is innovative in its potential to make a significant and substantial impact on health-related benefits. It is important to consider role of canakinumab in the context of other biologics, as mentioned above and CSAC / BSPAR would encourage a multi-technology appraisal of biologics in JIA, including extrapolation of data from biologics used in adult rheumatological practice. The aim would be a step-wise approach, acknowledging that some biologics are better than others in different disease subtypes and that there may be age-related factors and emotional factors that influence decision of biologic type depending on route and frequency of administration. Patient and physician choice is important within this in addition to available evidence. Recent publications explore long-term consequences of JIA and specific quality of life measures in JIA patients. Data are available from registries in the UK, Holland and Germany regarding safety and efficacy.	Comment noted. The potential innovative nature of the technology will be considered by the Committee during the course of the appraisal. No changes to the scope required.
	Royal College of Paediatrics and Child Health	Yes. We believe that the technology is innovative in its potential to make a significant and substantial impact on health-related benefits. It is important to consider role of canakinumab in the context of other biologics, we would encourage a multi-technology appraisal of biologics in JIA, including extrapolation of data from biologics used in adult rheumatological practice. The aim would be a step-wise	Comment noted. The potential innovative nature of the technology will be considered by the Committee during the course of the appraisal. No changes to the scope required.

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		approach, acknowledging that some biologics are better than others in different disease subtypes and that there may be age-related factors and emotional factors that influence decision of biologic type depending on route and frequency of administration. Patient and physician choice is important within this in addition to available evidence.	
	Royal College of Pathologists	IL-1b plays a major role in disease pathology of sJIA, therefore anti-IL-1b monoclonal therapy (Canakinumab) is innovative therapy in this condition. From studies on Cryopyrin-associated periodic syndrome (CAPS), where Canakinumab is licensed, children were found to gain in height and weight, suggesting that canakinumab by inhibiting the catabolic state linked to chronic inflammation allows normal development in the children.	Comment noted. The potential innovative nature of the technology will be considered by the Committee during the course of the appraisal. No changes to the scope required.
Questions for consultation	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	Consultation should include availability of canakinumab during transition and transfer to adult services. Important to involve representatives from BSR. CSAC and BSPAR include representatives that officially link with BSR and consider transition / transfer issues. Consideration should include on-going access to medication even when moving geographical area or possibly being in more than one area during different time points in the year (such as when attending university).	Comment noted. The BSR is included as a consultee for this appraisal. Ongoing access to treatment once a child reaches adulthood, or difficulty reaching services due to geographical location etc, is an implementation issue which is outside the remit of a technology appraisal. The Committee can only make recommendations on the use of the technology in line with its marketing authorisation.
	Royal College of Paediatrics and Child Health	Yes to the questions except on the comment on Anakinra. Consultation should include availability of canakinumab during transition and transfer to adult services.	Comment noted. Ongoing access to treatment once a child reaches adulthood, or difficulty reaching services due to geographical

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		Consideration should include on-going access to medication even when moving geographical area or possibly being in more than one area during different time points in the year (such as when attending university).	location etc, is an implementation issue which is outside the remit of a technology appraisal. The Committee can only make recommendations on the use of the technology in line with its marketing authorisation.
Any additional comments on the draft scope	Paediatric Rheumatology College Specialty Advisory Committee and British Society of Paediatric and Adolescent Rheumatology	BSPAR have recently developed guidance on treatment pathways in JIA and would be happy to work in consultation with NICE on this. BSPAR has well-established links with the BSR, research bodies (ARUK NIHR / MCRN / CSG) and biologics registries.	Comment noted.
	Royal College of Paediatrics and Child Health	It is important to link with Service specification for paediatric medicine rheumatology.	Comment noted.

The British Society for Rheumatology would like to endorse the comments made by the Royal College of Paediatrics and Child Health and the British Society of Paediatric and Adolescent Rheumatology.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

Bradford City CCG
Department of Health
Healthcare Improvement Scotland
MHRA
Royal College of Nursing

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal (STA)

Canakinumab for treating systemic juvenile idiopathic arthritis

Response to consultee and commentator comments on the provisional matrix of consultees and commentators

Version of matrix of consultees and commentators reviewed: Provisional matrix of consultees and commentators sent for consultation					
Summary of comments, action taken, and justification of action:					
	Proposal:	Proposal made by:		Action taken: Removed/Added/Not included/Noted	Justification:
1.	Remove BackCare	NICE secretariat		Removed	BackCare have been removed from the list of Consultees and Commentators at their own request.

2.	Added Pain UK	Nice secretariat		Added	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Pain UK has been added to the matrix of consultees and commentators under 'Patient Group.
3.	Added Rheumatoid Arthritis Social Care and Leisure Society	NICE Secretariat		Added	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Rheumatoid Arthritis Social Care and Leisure Society has been added to the matrix of consultees and commentators under 'Patient Group'.

4.	Added Allied Health Professionals Federation	NICE secretariat		Added	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Allied Health Professionals has been added to the matrix of consultees and commentators under 'General'.
5.	Added British Society for Children's Orthopaedic Surgery	NICE secretariat		Added	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. British Society for Children's Orthopaedic Surgery has been added to the matrix of consultees and commentators under 'professional groups'.

6.	Added Bone Research Society	NICE secretariat		Added	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Bone Research Society has been added to the matrix of consultees and commentators under 'relevant research groups'.
7.	Added Health Research Authority	NICE secretariat		Added	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Health Research Authority has been added to the matrix of consultees and commentators under 'professional groups'.
8.	Removed NHS South of Tyne & Wear	NICE secretariat		Removed	As the PCT's have been disbanded, our process requires the involvement of two CCG's. Therefore NHS South of Tyne & Wear has been removed from the Matrix.

9.	Removed Wolverhampton City NHS PCT	NICE secretariat		Removed	As the PCT's have been disbanded, our process requires the involvement of two CCG's. Therefore Wolverhampton City NHS PCT has been removed from the Matrix.
10.	Added NHS Bradford City CCG	NICE secretariat		Added	Our process requires the involvement of two CCG's. Therefore NHS Bradford City CCG is now included on the Matrix.
11.	Added NHS Eastern Cheshire CCG	NICE secretariat		Added	Our process requires the involvement of two CCG's. Therefore NHS Eastern Cheshire CCG is now included on the Matrix.
12.	Remove National Parent and Carer Council	PIP		Remove	This organisation is not national therefore do not meet inclusion criteria for TA's
13.	Remove Children's Society	PIP		Remove	Children's Society is a group dealing with disadvantaged children, rather than necessarily sick children.

14.	Remove STEPS Charity Worldwide	PIP		Remove	This organisation's interests are not directly related to the appraisal topic and as per our inclusion criteria STEPS has not been included in the matrix of consultees and commentators STEPS is a general children's disability group it
15.	Add Alliance Healthcare	NICE Secretariat		Add	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Alliance Healthcare has been added to the matrix of consultees and commentators under 'Possible comparator manufacturers'

16.	Add Medac	NICE Secretariat		Add	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Medac has been added to the matrix of consultees and commentators under 'Possible comparator manufacturers'
17.	Add Mercury Pharma Group	NICE Secretariat		Add	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Mercury Pharma Group has been added to the matrix of consultees and commentators under 'Possible comparator manufacturers'

18.	Add Pfizer	NICE Secretariat		Add	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Pfizer has been added to the matrix of consultees and commentators under 'Possible comparator manufacturers'
19.	Add Sigma Pharmaceuticals	NICE Secretariat		Add	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Sigma Pharmaceuticals has been added to the matrix of consultees and commentators under 'Possible comparator manufacturers'

20.	Add Waymade Healthcare	NICE Secretariat		Add	This organisation has an area of interest closely related to this appraisal topic and meets the selection criteria to participate in this appraisal. Waymade Healthcare has been added to the matrix of consultees and commentators under 'Possible comparator manufacturers'
21.	Remove Goldshield Pharmaceuticals	NICE Secretariat		Remove	This organisation's interests are not directly related to the appraisal topic and as per our inclusion criteria Goldshield Pharmaceuticals has not been included in the matrix of consultees and commentators.
22.	Remove A A H Pharmaceuticals	NICE Secretariat		Remove	This organisation is a distributor, therefore A A H Pharmaceuticals has not been included in the matrix under 'comparator manufacturers'