Association of British Neurologists

Mr Boyson
Programme Director, Centre for Health Technology Evaluation
1st Floor
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9 January 2014

Sent via email to: TACommB@nice.org.uk

Dear Mr Boyson,

RE: NICE - ACD - Multiple Sclerosis (relapsing-remitting) - alemtuzumab [ID539]

The ABN has been asked for its views on the provisional consultation position NICE has indicated concerning alemtuzumab.

The ABN unequivocally opposes the provisional position statement indicating that NICE is minded not to approve alemtuzumab for NHS prescription.

The vast majority of the concerns raised and detailed information and clarification required by NICE concerning alemtuzumab centre on aspects of modelling: this appears to be directed principally towards the parent company, and we do not believe this to be within our remit. One point of exception would be to draw attention to the peer-reviewed published evidence that alemtuzumab can reduce disability in MS, a positive change that we believe was not accommodated within the models used.

Additionally, however, the ABN would want to remind NICE that the efficacy data supporting alemtuzumab indicate that it is one of the most potent agents currently available to treat relapsing remitting multiple sclerosis – and we believe the vast majority of MS experts around the world would share this view. It also appears to be the only licensed agent capable of inducing long term remission in MS, i.e. 5 years and possibly longer. We should emphasise that it has been approved and licensed in the EU, and is available and being used extensively outside the UK. To put UK patients in a position of not having access to such an important and effective agent so widely available elsewhere in the EU would be extraordinary; it would have no support from the ABN.

Finally we would wish NICE in particular to reconsider their extraordinary currently-declared position which appears to accept in principle the evidence for using alemtuzumab in active relapsing-remitting multiple sclerosis, while doubting the case for its use in highly active disease. This may make sense for health economists, but for clinicians this lacks authenticity: recommending a potent drug with significant side effects for patients with modestly active disease but not those whose future is most threatened by their disease would not be a sustainable position; and attempting to synthesise guidelines which recommended a drug for active disease but explicitly exclude those with 'too active' MS would be a challenge as difficult as it was untenable.

Yours sincerely,

Association of British Neurologists

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