National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Alemtuzumab for the treatment of relapsing-remitting multiple sclerosis [ID539]

Royal College of Nursing

Introduction

The Royal College of Nursing (RCN) was invited to review the Appraisal Consultation Document (ACD) for **Alemtuzumab for the treatment of relapsing-remitting multiple sclerosis**

The document was circulated to nurses who care for people with multiple sclerosis for their views.

Appraisal Consultation Document – RCN Response

The Royal College of Nursing welcomes the opportunity to review this document. The RCN's response to the questions on which comments were requested is set out below:

i) **Has the relevant evidence been taken into account?**

The summary of the evidence review seems reasonable.

ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?**

Cost effectiveness: There seems to be a great disparity between the figures. On the one hand the model suggests that the cost is in the

region of £10,000 (low enough for NICE to recommend this treatment as it costs less than the 20 - 30 k threshold), however, later it discusses a cost of over a million pounds. This is a tremendous leap and could lead to some confusion or misinterpretation. We would suggest that clarity is definitely required in this area in order to truly give an unbiased view.

iii) **Are the provisional recommendations sound and a suitable basis for guidance to the NHS?**

We note the recommendation that the committee is not minded to recommend the use of this health technology for the target population, that is, for treating adults with relapsing–remitting multiple sclerosis with active disease defined by clinical or imaging features.

We also note that the Committee has recommended that NICE requests further clarification and analyses from the manufacturer on various points, to be made available for the second Appraisal Committee meeting. We welcome this.

We note that the manufacturer has marketing authorisation for the technology to be used in highly active disease i.e. in line with Tysabri and Gilenya.

We would ask that the committee in considering the further information it is requesting from the manufacturers, also reviews and reconsiders the decision that the drug should not be given in the highly active or rapidly progressing MS. We would ask that any guidance issued is in line with the current clinical pathway.

iv) **Are there any aspects of the recommendations that need particular consideration to ensure that NICE avoids unlawful discrimination against any group of people on the grounds of race, gender, disability, religion or belief, sexual orientation, age, gender reassignment, pregnancy and maternity?**

We are not aware of any specific issue at this stage. We would ask that any guidance issued should show that an equality impact analysis has

been considered and that the guidance demonstrates an understanding of issues relating to all the protected characteristics where appropriate.