Dear Sir or madam,

I have been asked to comment with regard the following -

- Has all of the relevant evidence been taken into account?
- Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?
- Are the provisional recommendations sound and a suitable basis for guidance to the NHS?

After reading the information I was sent I do believe at this point that the relevant evidence has been taken into account. I do not think that sufficiently accurate and useful evidence was provided by the drug company but believe this to be the reason for the second meeting.

From what I can understand not being a medical professional I think the clinical and cost effectiveness summary is a reasonable interpretation of the evidence. I think it does cover cost of alternatives, but to give an example. For the last year I have had to visit my GP weekly/monthly for blood test, urine test and blood pressure. I also have to go to the hospital ever 4 to 6 weeks for check ups and to get more medication. All this has a cost to the NHS which should be offset against the cost of Omalizumab.

With regard the provisional recommendations, they are sound in that they are provisional and hopefully after the second meeting will be revised.

A sound and suitable basis for guidance to the NHS in my opinion would have to have to be based on the provision of Omalizumab for Chronic Urticaria that does not respond to H1, H2 and LRA's.

On a personal note, I have after a year stopped taking Ciclosporine to see if my condition has spontaneously gone into remission. It has not and unmedicated is severe. As the NHS cannot provide Omalizumab for me at this point (if ever) I have no alternative but to go back on Ciclosporine despite the side effects I suffer with the medication. Currently I am not responding as well to the Ciclosporine and despite a higher dose still have moderately severe hives. In my opinion there is no further treatment options for patients such as myself if NICE do not approve Omalizumab for this condition.

If Omalizumab was recommended for the treatment of Chronic Urticaria I think that some provision should be made within the NHS guidance to account for those who will need it long term so that continuity of treatment can be maintained. It is pointless providing a patient with Omalizumab for 6 months if they are then expected to go a further period of 1 to 5 months without the drug. (they would then have to rely on steroids to control severe symptoms). This is the system currently and while patients may become totally hive free in the 6 months they are on the drug they will relapse and be back to square one when the drug is stopped. A short break of a few days is usually enough for a patient to know that they have not had spontaneous remission.

I am sure I have reiterated some points here but as a patient expert rather than a clinician I am trying to ensure I cover the use of the drug from a patients perspective as well s answering the above questions.

your faithfully

[redacted]