Name	[redacted]
Role	Patient
Job title	CARETAKER
Location	England
Conflict	No
Disclosure	NO
Comments	I HAVE HAD THIS CONDITION FOR OVER 5 YEARS NOW AND I RECENTLY HAD THE WORST ATTACK I HAVE EVER HAD WHICH CAUSED ME TO SCRATCH SO MUCH MY BODY WAS BLEEDING ALL OVER. I HAVE HAD VARIOUS LEVELS OF THE ATTACK BEFORE AND HAVE USUALLY TAKEN ANTI HISTAMINE. AFTER ABOUT 30 MINUTES THE ATTACK GOES AND THE SKIN RETURNS TO NORMAL, BUT NOT ON THIS OCCASION , LOOKING AT THIS DOCUMENT I WONDER IF THE NEW DRUG WOULD BE ABLE TO HELP ME WITH MY ULTICARIA
Submission date	2014 11 21

Name	[redacted]
Role	Patient
Location	England
Conflict	No
Comments	I have suffered with urticaria for over three years. At first, it was a mild annoyance but more recently it has caused a great deal of discomfort, suffering and mental anguish in my day to day life. It is a condition which affects not just the body, but also the mind. Worrying about when an attack will strike, or how long it will last, and how long medication (antihistamines) will keep it at bay takes its toll. The result is that urticaria can be exhausting, and often leaves me feeling quite hopeless. I have tried different antihistamines, diets and supplements to try to ease my symptoms, but none of them have rid me of urticaria permanently, or provided more than a few hours' relief. Any new treatments would be welcomed, and I'm sure that many other sufferers will feel the same way - this condition is a constant worry, not something which is easily managed, especially at first, and has effects far beyond the physiological.
Submission date	2014 11 24

Name	[redacted]
Organisation	United Lincolnshire Hospitals NHS Trust
Role	NHS ProfessionalUnited Lincolnshire Hospitals NHS Trust
Job title	consultant dermatologist
Conflict	No
Comments	I have used this in 2 patients resistant to several immunosuppressants (on an individual funding basis) - the results have been life transforming
Submission date	2014 11 26

Name	[redacted]
Role	Patient
Location	England
Conflict	No
Comments	I have suffered with Severe Atopic Eczema since childhood. This has been particularly bad in adult life and despite gaining professional qualifications, I have struggled with poor sleep due to severe itching at night, and despite being heavily sedated with anti-histamines to try to help me sleep. This led to problems and dangers driving the next morning, Eventually, I became ill with severe depression and had to stop working when my condition became very serious. I see a consultant dermatologist every six months and use the whole range of emollients, topical cortico-steroids (TCS) and ImmunoModulator Calcineurin Inhibitors (Tacrolimus) as well as the most heavily sedating anti-histamines. I have refuently asked to be referred to the specialist allergy clinic as I have a very high IGE and have allergic responses to a wide range of things including House dust / dust mite / moulds. grasses. pollens etc. I have not been able to access any services for immunotherapy - which might help the associated conditions I suffer from - Acute Rhinitis and Allergic Asthma, as well as the Severe Atopic Eczema. I have helped in various studies when I could but despite Southampton UH being a centre of excellence and research, I frankly feel let down by the lack of access to the allergy clinic for even a consultation, and for the very take it or leave it approach, rather than some specialist immunotherapy, which I understand is available for more limited allergies, and which I feel benefitted me in the past when I tried some privately. I have digressed slightly, but if there is any potential for this drug to relieve itching for urticaria, then I'm sure this would also help the itching in Severe Atopic Eczema. I would ask that this drug be made available to help mitigate and reduce the nightly misery of itching and poor or no sleep, and the daily misery of itching and soreness, and visible tiredness in front of family and colleagues, which can limit the activities of a family and the start of the day, after a nightmare

	of a night.
Submission date	2014 11 26

Name	[redacted]
Role	Mum & GP admin staff (NHS)
Job title	Mum
Location	Scotland
Conflict	N/A
Comments	3yr old son just diagnosed, Cetirizine and Chloraphenamine do not completely take itch away
Submission date	2014 11 26

Name	[redacted]
Role	NHS Professional
Job title	Consultant Allergist
Location	England
Conflict	No
Comments	I think Omalizumab would be a very useful option to try in some of our severe chronic urticaria/angiodema patients. This consultation document would be of immense help in prescribing this drug in NHS.
Submission date	2014 12 01

Name	[redacted]
Role	Patient
Job title	Barrister
Location	England
Conflict	No
Comments	If it would help for me to give more details about what this means from the perspective of a patient I would be more than happy to do so.
Submission date	2014 12 02

Name	[redacted]
Role	NHS Professional
Location	England
Conflict	No
Disclosure	I have had an IFR request for use of omalizumab in CSU rejected
Comments	It would be very helpful clinically of NICE could support the use of Omalizumab in the small number of patients who have very severe CSU, which has proved refractory to treatment with multiple other drugs, including other immunosuppressants. In my experience, Omalizumab has made a significant improvement to patients' symptoms/quality of life and reduces need/cost of other medications.
Submission date	2014 12 08

Name	[redacted]
Role	Consultant Dermatologist
Location	England
Conflict	No
Comments	Dear Sirs I am a consultant dermatologist with an interest in urticaria and have been running a tertiary clinic for the management of patients with refractory urticaria in the North West of England for over ten years. I have been asked to speak in national and international meetings on the treatment of difficult urticarias. I have received travel assistance, speaker fees and registration fees from Novartis and have also acted as a consultant to them in the past. With regard to the technology appraisal I would like to make some specific comments: I am disappointed that the committee is minded not to recommend omalizumab as I do see the drug as a great option for a condition that brings misery on many. The emerging real world data do seem to corroborate the phase III trial data that indicate the effectiveness of the drug.The current alternatives include an array of unlicensed immunosuppressive drugs that require many hospital appointments for monitoring and are

	frequently unsuccessful. I would agree that omalizumab does not appear to be a disease modifying drug and that continued treatment will be required until natural remission f the condition, provided the treatment is working. The proposed way of identifying responders by drop in UAS7 is acceptable. UAS7 correlated very well with DLQI in the phase III trials. It's reasonable to give 6 months of treatment then stop, and wait until UAS7 goes above 15 again: this is in my current protocol for treatment of patients in Manchester. At present I am continuing background medications including H1 antihistamines and leukotriene inhibitors, although I am mindful that colleagues report that patients frequently discontinue these as omalizumab is so effective. I hope these comments are helpful to the panel.
Submission date	10/12/2014