Obinutuzumab in combination with chlorambucil for previously untreated chronic lymphocytic leukaemia:

Critique of cost-effectiveness of obinutuzumab from Roche given Patient Access Scheme for obinutuzumab and Roche base case

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Here, we comment on the results in the report submitted by Roche to NICE: “Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia: Patient Access Scheme Submission”, 21st October 2014.

In this document, with the exception of the PAS, Roche make no changes to their base case analysis, as originally submitted to NICE. In particular, they do not incorporate any of the NICE Appraisal Committees preferred parameter values which were identified at the first committee meeting on 3rd September 2014.

Roche state that the PAS is a simple discount ([redacted] below the current list price of obinutuzumab). We agree that this equates to a net price of [redacted] per 1000mg vial (compared to a list price of £3,312).

We do not critique the budget impact calculations given in Table 6.

1. Results without PAS

In Table 1, Roche present their base case results, without the PAS. In particular, they present the following ICERs (£ per QALY) vs. obinutuzumab+chlorambucil:

- £20,076 vs. rituximab+bendamustine
- £21,275 vs. rituximab+chlorambucil
- £26,463 vs. bendamustine
- £24,256 vs. chlorambucil

We agree with all figures in this table, except for the first ICER above, where we find a value of £19,898 per QALY. Roche cited £20,076 in their original report, but £19,898 appeared in their original model. But given that the difference is very small, we pursue the matter no further.

In Table 3, Roche present the same results on the efficiency frontier, ranking the treatments from least to most expensive. In particular, they present the following ICERs (£ per QALY):

- £19,983 bendamustine vs. chlorambucil

- £144,269 rituximab+chlorambucil vs. bendamustine
- £22,718 rituximab+bendamustine vs. rituximab+chlorambucil
- £20,076 obinutuzumab+chlorambucil vs. rituximab+bendamustine

We agree with all figures in this table, except for the last two ICERs above:

- rituximab+bendamustine vs. rituximab+chlorambucil: we find £22,967
- obinutuzumab+chlorambucil vs. rituximab+bendamustine: we find £19,898

Again, the ICERs we quote appeared in Roche's original model. But again, given that these differences are very small, we pursue the matter no further.

2. Results with PAS

2.1. Roche base case

In Table 2, Roche present their base case results, with the PAS. In particular, they present the following ICERs (£ per QALY) vs. obinutuzumab:

- [redacted] vs. rituximab+bendamustine
- [redacted] vs. rituximab+chlorambucil
- [redacted] vs. bendamustine
- [redacted] vs. chlorambucil

We agree with all figures in this table, including the above ICERs.

In Table 4, Roche present the same results on the efficiency frontier, ranking the treatments from least to most expensive. In particular, they present the following ICERs (£ per QALY):

- £19,983 bendamustine vs. chlorambucil
- £144,269 rituximab+chlorambucil vs. bendamustine
- £22,718 rituximab+bendamustine vs. rituximab+chlorambucil
- [redacted] obinutuzumab+chlorambucil vs. rituximab+bendamustine

We agree with all figures in this table, including the above ICERs.

Roche state that the probability that obinutuzumab+chlorambucil is cost-effective is 74.4% at a willingness to pay of £30,000 per QALY. This appears reasonable, although we note that the corresponding figure at a willingness to pay of £20,000 per QALY is not provided.

2.2. Sensitivity analyses

Roche present one sensitivity analysis, whereby they change the utility in PFS when off treatment from their base case value of 0.82 to our base case value of 0.76.

In Table 5, Roche present the resulting ICERs vs. obinutuzumab, with the PAS:

- [redacted] vs. rituximab+bendamustine
- [redacted] vs. rituximab+chlorambucil
- [redacted] vs. bendamustine
- [redacted] vs. chlorambucil

We agree with these ICERs.

However, we do not see the purpose of performing this sensitivity analysis. We assumed a utility of 0.76 as one item of our base case, and we assumed a utility of 0.71 in the only sensitivity analysis that we performed. Therefore, Roche's sensitivity analysis here corresponds neither to our sensitivity analysis, nor to our base case in its entirety.