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,
- Appraisal Committee / PenTAG base case,
- Roche alternatives to some utilities and costs

Part 2

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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 [ID650]”. This document is undated, but we received it on 3rd November 2014.

In this document, Roche:

- Include the PAS for obinutuzumab.
- Incorporate all the NICE Appraisal Committee preferred parameter values which were identified at the first committee meeting on 3rd September 2014.
- Consider changing the cost of treating neutropenia from £3,894 to £867.
- Consider changing the utility in PFS off treatment from 0.71 (committee preferred value) to 0.76.

In a previous report, Roche say that the changes requested by the NICE Appraisal Committee were the following:

- Item 1 PenTAG base case: Utility whilst on obinutuzumab after first cycle of therapy.
- PenTAG sensitivity analysis: Utility PFS off treatment decreased from 0.82 to 0.71.
- Item 3 PenTAG base case: Mean dose of bendamustine and rituximab in bendamustine + rituximab arm.
- Item 4 PenTAG base case: PFS hazard ratio between obinutuzumab + chlorambucil and bendamustine + rituximab increased from 0.68 to 0.76.
- Item 5 PenTAG base case: PFS hazard ratio obinutuzumab Clb vs. Benda from 0.40 to 0.55.

We agree that these were indeed the changes requested by the Committee.

We agree with all the results in Roche’s updated analyses.