Pfizer Response to the Technology Assessment Report for: Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis (including review of TA35) [ID783]

Pfizer would like to thank NICE for the opportunity to comment on the Technology Assessment Report (TAR) for the above appraisal. Overall, Pfizer feel that the TAR provides a balanced account of the randomised controlled trial data for Enbrel as well as important observational data from the CLIPPER study. Pfizer agree with the TAR conclusions that there are a number of substantial uncertainties with the indirect comparison and base case economic modelling assumptions, which represents underestimation of the cost-effectiveness of etanercept. We agree with the Technology Assessment Group (TAG) regarding the importance of effective disease management to reduce caregiver burden. Pfizer also agree that juvenile idiopathic arthritis (JIA) onset is usually prior to the age of 6 or 7 years (TAR pg. 20-21) and therefore the biologic DMARD start age of 6 years scenario (iv) reflects important variation in the population as well as the potential benefit of early treatment. Consequently, Pfizer suggest that it will be important for the Appraisal Committee to take into account findings from scenario analyses (iv) and (vi), as we believe these represent the most plausible estimates of the ICER.

Our main comment focuses on the fact that the TAG determined that it was "necessary" to conduct an indirect comparison to estimate comparative clinical effectiveness of biological DMARDs. The TAR refers to and updates an indirect comparison published by Otten et al[1], which due to heterogeneity identified between the included trials the TAG labelled as "exploratory rather than definitive". Pfizer note that Otten et al concluded that "Owing to these differences, the estimate of comparative efficacy maybe biased". Pfizer therefore reiterate the conclusions drawn in our submission (pg. 78) and in the systematic review by Ungar et al (2013)[2], namely that it is inappropriate to conduct such an analysis given the substantial differences in respective marketing authorisations across biologic DMARDs, scarcity of studies as well as heterogeneity identified between the studies. Pfizer therefore recommend that each biological DMARD be appraised independently within its respective licensed indications.

In conclusion, Pfizer believe that the base case ICER presented in the TAR is a conservative estimate of the likely ICER for etanercept and that the indirect comparison cannot be relied upon for decision making. The direct clinical evidence base demonstrates that etanercept provides rapid and sustained improvements in disease activity, function and health-related quality-of-life in patients with polyarticular JIA and across JIA subtypes. Furthermore, it has a well-defined safety and tolerability profile, which has been confirmed through over 15-years use in the real-world setting. Pfizer continue to believe that etanercept is a cost-effective use of NHS resources and therefore request that the committee continue to recommend etanercept and extend this to include all subtypes for which it is currently licensed (polyarticular JIA, extended oligo JIA, enthesitis-related JIA and psoriatic JIA subtypes).

References

1. Otten MH, Anink J, Spronk S, van Suijlekom-Smit LW. Efficacy of biological agents in juvenile idiopathic arthritis: a systematic review using indirect comparisons. *Ann Rheum Dis.* 2013;72(11):1806-1812.
2. Ungar WJ, Costa V, Burnett HF, Feldman BM, Laxer RM. The use of biologic response modifiers in polyarticular-course juvenile idiopathic arthritis: a systematic review. *Semin Arthritis Rheum.* 2013;42(6):597-618.