NICE Multiple Technology Appraisal

Comments on ACD for

TNF alpha inhibitors for AS and non radiographic axial spondyloarthritis

TO: NICE

FROM: Healthcare Improvement Scotland

DEADLINE: 19 JUNE 2015

Please note this response was only picked up today but was sent late on 19th June

Comment provided to Healthcare Improvement Scotland by [redacted], Consultant Rheumatologist

1. Do you consider that all the relevant evidence has been taken into account? *If not, what evidence do you consider has been omitted, and what are the implications of this omission on the results?*

   Yes, involved all relevant stake holders and considered scientific evidence and listened to patient experiences.

2. Do you consider that the analysis of clinical and cost effectiveness has used an appropriate comparator which reflects Scottish practice? *If not, please explain.*

   We follow British society for rheumatology guidance in the management of many rheumatological disorders including AS therefore there is no difference in the initial management of ankylosing spondylitis and comparator is same in Scotland. Non radiographic spondyloarthropathy is recently recognised entity and there are no specific guidelines resulting in potential differences but all the evidence and my discussions with colleagues in England did not reveal widely differing practice and therefore comparator used is appropriate.

3. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence? *If not, in which areas do you consider that the summaries are not reasonable interpretations*?

   Agree

4. Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS? *If not, why do you consider that the recommendations are not sound?*

   Yes, however I would prefer some more clarity on recommendation 1.4 "if more than one treatment is suitable, the least expensive should be chosen" This can be interpreted as using drug with low cost as most anti TNF agents are suitable in AS and nr-SpA but that particular drug may not be the most suitable agent for that patient – as clarified in 4.70.

5. Are the patient pathways and treatment options described in the assessment applicable to NHSScotland? *If not, how do they differ in Scotland?*

Yes. Etanercept is not approved by SMC for nr-SpA in Scotland where as Adalimumab and Certolizumab are approved. These recommendations however are going to bring Etanercept in to the group.

6. Would the provisional recommendations change the patient pathways and/or patient numbers in NHSScotland? *If so, please describe what these changes would be.*

No. Eventhough one more drug is going to be included in the armamentarium it is not for a new indication therefore unlikely to increase patient numbers significantly.

7. Do you think there is any reason why this provisional guidance would not be as valid in Scotland as it is in England and Wales? *If yes, please explain why this is the case.*

No

8. Please add any other information which you think would be useful to NICE or helpful in guiding the Scottish response to this assessment

Not every AS patient responds to the treatment at the same speed and there is small but significant proportion where anti TNFs appears effective at 6 months and is acknowledged in the report. Given the lack of sequential treatment options (another anti TNF or otherwise) for this particular group of patients it may be worth continuing treatment up to 24 weeks rather than recommended 12 weeks but only in those who are showing some improvement for e.g. 25% improvement in BASDAI or improvement by 1 or more units. I am not sure if such scenario is taken in to calculations of cost effectiveness but as these patients are very small in numbers unlikely to have huge cost effect.