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1st November 2019

Professor Tim Irish, Vice Chair
National Institute for Health and Care Excellence
10 Spring Gardens
London
SW1A 2BU

Re: Final Appraisal Document: erenumab for preventing migraine [ID1188], published Thursday 26th September 2019

Dear Professor Irish

I am writing again to you on behalf of the British Association for the Study of Headache (BASH) and the Association of British Neurologists (ABN), in response to your Initial Scrutiny letter concerning our appeal against the decision outlined in the FAD for erenumab.

We are grateful for your detailed consideration of our appeal, and are pleased to find that you have acknowledged that Ground 4 (that the Committee unreasonably failed to consider the impact of positive stopping rules on the cost-effectiveness of erenumab for patients with chronic migraine) is a valid appeal point.

After considering your Initial Scrutiny letter, we have a few additional observations to make.

Grounds for Appeal

1. **Ground 1 (a): the Committee failed to ensure that a sufficient number of clinical experts were consulted about the decision**
2. **Ground 1 (a): the Committee failed to properly take into account the evidence of the clinical experts and professional bodies**
3. **Ground 1 (a): the Committee failed to present a properly balanced assessment of the arguments of a commentator who had a clear conflict of interest**

For reasons outlined in the Initial Scrutiny Letter, you are not minded to refer any of these points to the appeal panel. While BASH and the ABN continue to have concerns about the fairness of certain aspects of the process, we are not minded to present any further evidence on these grounds.

4. Ground 2: the Committee unreasonably failed to consider the impact of positive stopping rules on the cost-effectiveness of erenumab for patients with chronic migraine

You have accepted this without further comment as a valid appeal point. At present we have nothing further to add to our comments on this issue contained in our original appeal letter.

5. Ground 2: the Committee unreasonably ignored the opinions of clinical experts and professional bodies on the clinical effectiveness of erenumab and its burden versus its comparator in judging its cost-effectiveness for patients with chronic migraine

In response to this point, you comment that the weight to be given to evidence is a matter for the committee's expert judgement, and that it was your opinion that the committee's approach to clinical effectiveness was within the reasonable range of responses open to it. We have no further comments to make on this aspect of this point, but we do have further comments to make on the issue of an administration utility decrement, which you do indicate could be considered under Ground 2.

To reiterate our original point, two of clinical experts clearly stated that patients treated with erenumab would have a reduced burden compared with Botox (Committee Papers p 296) but in the FAD it is stated that applying an administration utility decrement to Botox is not appropriate. In your Initial Scrutiny Letter you note that the existence of "long-term real-world evidence" showing improvements in quality of life with botulinum toxin A compared with best supportive care casts doubt "on the validity of a mode of treatment relate utility decrement". This may be the case, but it still does not address the question of treatment costs, which are clearly significantly higher for Botox than erenumab. These include not only the cost of the clinic visits required to administer Botox, but also the utility decrement of time spent on the (often extremely long) waiting lists for Botox, a cost which has not, so far as we can see, been taken into account. On these grounds, therefore, we agree that this particular point should be considered further at the appeal hearing.

6. Ground 2: the Committee unreasonably failed to consider the cost-effectiveness of erenumab versus best supportive care in those who had failed to benefit from the comparator drug in patients with chronic migraine

In your Initial Scrutiny Letter, you state that the assessment of erenumab as a fourth line treatment, positioned alongside rather than after Botox, was "a reasonable approach as that is where erenumab sits in the treatment pathway". There is **no** consensus that this is the appropriate point for CGRP antibodies in the treatment pathway for chronic migraine. We reiterate the point that NICE's own *Guidance to methods of technology appraisal*, section 2.2.6, indicates that where both the technology being assessed and the comparator form part of a treatment sequence in the pathway of care, the appraisal should compare alternative treatment sequences; this guidance was not followed by the Committee. We suggest that the Committee's failure to undertake, or at least request such an analysis, was in fact unreasonable, and request that this appeal point also be considered at the hearing.

Conclusion

BASH and the ABN are grateful to NICE for their detailed consideration of our appeal, and we are pleased to see that we have demonstrated at least one valid ground appealing the decision of the Committee not to recommend the use of erenumab for preventing migraine in the NHS. As noted above, we continue to believe that there are other grounds that should be discussed in the oral hearing to be held on 4th December 2019.

Yours sincerely

[redacted] **PhD FRCP FRCP Edin**
Chair, British Association for the Study of Headache,
on behalf of BASH and the Association of British Neurologists