

 **Patron**

 **The Archbishop of York**

**Comments from Antibiotic Research regarding the NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE Antimicrobial Health Technology Evaluation**

**Ceftazidime with avibactam for treating severe aerobic Gram-negative** **bacterial infections**

**Date:** 13 December 2021

We are responding to the request for comments regarding the proposed reimbursement model for Pfizer’s ceftazidime / avibactam combination. As the UK’s only publicly funded charity focussed on tackling antibiotic resistance through research, education and patient support we believe we have a unique insight into the impact of antibiotic resistance on patients lives.

We have no health economics expertise and so cannot comment on the economic impact of a new antibiotic in terms of human health. What we do know through our direct interaction with patients with an antibiotic resistant infection, particularly those patients on chronic antibiotic treatment is that they are very fearful of treatment failure. They tell us, often in moving terms, that they live in constant dread that when an infection episode flares and they are admitted to hospital for IV antibiotic treatment that the antibiotic treatment fails and they could die. Some of the patients have kindly recorded their stories for us. For example watch Mary’s moving story here - [https://www.youtube.com/watch?v=FfJePrXcSng](https://www.youtube.com/watch?v=FfJePrXcSng%20) or read about Lisa and how important antibiotics are to her - <https://www.antibioticresearch.org.uk/stories/lisas-story/>

Stories like Lisa’s and Mary’s sadly are all too common and that is why it is so important to 1) keep our existing antibiotics working and 2) find new treatments for resistant infections.

The UK’s proposed reimbursement scheme for antibiotics is a world’s first and the Government are to be congratulated on this initiative. However any such scheme needs to reflect the needs of the various stakeholders and be primarily patient focussed. The questions we are asking as a charity are;

1) Will the proposed scheme satisfy the needs of all stakeholders?

2) Is the scheme sufficiently ambitious for large pharmaceutical companies to either re-enter the antibiotic development arena or to strengthen the existing drug discovery programmes already in place?

3) NICE have used their QALY model to arrive at their recommendations. It is estimated that it costs $1 billion to find and develop a new antibiotic. Will the proposed scheme sufficiently reimburse companies to warrant this research expenditure?

4) The re-imbursement scheme is a pilot. How long will the scheme run for and how much money has been set aside to fund the scheme?

5) Will other pipeline treatments for drug-resistant infections be included in the scheme?

Until we know the answers to these questions, there will still be uncertainty as to whether or not vital antibiotics will be discovered and developed to reassure patients with a chronic infection. Not knowing there will be replacements for the current last resort antibiotics will mean not only an anxious patient population but also individuals within that population who will die.

 