

Tuesday 7<sup>th</sup> October 2008

Bijal Chandarana,  
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**BY E-MAIL**

Dear Bijal,

**MULTIPLE TECHNOLOGY APPRAISAL –**

**Amantadine, oseltamivir and zanamivir for the treatment of influenza (a review of NICE technology appraisal guidance 58)**

**Response to Appraisal Consultation Document**

Thank you for the opportunity to comment on the Appraisal Consultation Document (ACD) for the above technology appraisal. Our response is provided below:

**1 Do you consider that all of the relevant evidence has been taken into account?**

Roche considers that all relevant evidence has been taken into account and that a thorough analysis has been carried out for the above multiple technology appraisal.

**2 Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?**

Roche considers that the clinical summaries and most points within the cost effectiveness summaries are reasonable interpretations of the evidence. However, Roche is concerned with the wording regarding the cost-effectiveness

estimates for treatment in otherwise healthy populations, stated in point 4.3.14, as follows:

*“It (the Committee) considered that the most plausible presented ICERs in this group were from the scenarios exploring the combined effect of excluding hospitalisation and mortality benefits and increased GP consultation rates with a subsequent reduction in the probability that an influenza-like illness is true influenza for healthy populations. The ICERs resulting from these scenarios ranged from £18,000 to £29,000 per QALY gained in healthy adults and the Committee considered that these estimates were likely to be the lowest plausible ICERs in this population”.*

From a health economics perspective, Roche finds the wording of section 4.3.14 misleading in relation to the handling of uncertainty. The Committee appears to have made several refinements to model parameters to generate a new ICER estimate for otherwise healthy adults (i.e. combined effect of excluding hospitalisation and mortality benefits and increased GP consultation rates with a subsequent reduction in the probability that an influenza-like illness is true influenza). These revisions generated *“ICERs resulting from these scenarios from £18,000 to £29,000”*

It therefore appears misleading to claim that *“these estimates were likely to be in the lowest plausible ICERs in this population”*. Roche suggests a more appropriate method would be for the Appraisal Committee to agree upon a base case version of the model, given their preferences, and then utilise probabilistic sensitivity analysis (PSA) to estimate a range around the mean. Until this analysis is performed, for the Committee to claim that this particular scenario represents the “lowest plausible estimate for this population” appears to be incorrect, especially when considering that the base case estimates generated by the York assessment group took into account such parameter uncertainty. Alternatively, the list of scenarios agreed upon by the Committee may indeed represent the upper range of plausible ICERs when the uncertainty around these parameters is properly accounted for via PSA.

Roche therefore requests that the Committee considers refining section 4.3.14 to provide a more appropriate representation of the likely mean and range of the ICER for otherwise healthy adults.

**3 Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?**

As outlined in point 2 above, Roche is concerned that not enough consideration has been given to the fact that oseltamivir has been considered cost effective in the otherwise healthy population, as concluded by both the independent economic assessment conducted by the Assessment Group and the economic assessment conducted by Roche.

Thus the provisional ACD recommendation not to recommend oseltamivir for use in the otherwise healthy adult population appears to be perverse in the light of the available evidence base made available to the Appraisal Committee.

**4 Are there any equality related issues that may need special consideration?**

Roche believes there are no equity related issues that require special considerations in this ACD.

We hope that our feedback is helpful to the Appraisal Committee in its subsequent deliberations.

Yours sincerely,

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