aHUSUK's RESPONSE TO EVALUATION CONSULTATION DOCUMENT 2

INTRODUCTION

aHUSUK and its members welcome the change in the recommendation made by the Evaluation Committee and appreciate the reasoning that led to that change. aHUSUK's response to Evaluation Consultation Document 2 follows.

THE NICE QUESTIONS (Preface)

- **Has all of the relevant evidence been taken into account?**

  Yes, all needed for this recommendation.

- **Are the summaries of the criteria considered by the Committee and the clinical and economic considerations reasonable interpretations of the evidence?**

  Yes

- **Are the provisional recommendations sound and a suitable basis for guidance on the use of eculizumab for the treatment of aHUS in the context of national commissioning by NHS England?**

  Yes.

- **Are there any aspects of the recommendations that need particular consideration to ensure that they avoid unlawful discrimination against any group of people on the grounds of gender, disability, religion, sexual orientation, age, gender reassignment or pregnancy or maternity?**

  Yes, whilst nothing in these guidelines excludes those who may knowingly risk aHUS when pregnant from receiving eculizumab if a rescue is needed (because pregnancy is known to be a trigger), aHUSUK has concerns that pregnancy and maternity may become a potential "particular consideration" for indirect discrimination in practice.

- **Given the requirement for relevant health bodies (clinical commissioning groups, NHS England and local authorities) to provide funding to ensure that the health technology is available within 3 months, from the date the recommendation is published by NICE (see section 5.1), is an extension to this normal period appropriate because any of the following circumstances apply?**
  - The health technology cannot be appropriately administered until training is in place?
  - The health technology cannot be appropriately administered until certain health service infrastructure requirements including goods, materials or other facilities are in place?
  - The health technology cannot be appropriately administered until other appropriate health services resources, including staff, are in place?
  - The specific conditions in the guidance warrant a longer implementation time?
  - If so, please specify the reasons and an estimate of the time period within which the recommendation can be complied with.

No comment.

EVALUATION COMMITTEE's PRELIMINARY RECOMMENDATION

Agreed, and whilst there is considerable uncertainty, aHUSUK's expectation is that the cost can be much less. (1.1, 1.2)

THE CONDITION
No further comment. (2)

CLINICAL EVIDENCE
No further comment. (3)

EVIDENCE SUBMISSIONS
No further comment. (4)

CONSIDERATION OF EVIDENCE

Understandably, as yet, no robust evidence about the withdrawal of the drug is available. aHUSUK would not wish to see patients being taken off eculizumab in a piecemeal fashion, nor according to some arbitrary set time limit, because the risks are evident and patients need to have confidence that they will get the best possible clinical management. (5.4)

A clear distinction needs to be made between those few patients for whom eculizumab does not work, and those for whom eculizumab has worked, but for whom it may no longer be needed to do the job it has done. aHUSUK believes that Clinicians need to have advice based on robust evidence, and that patients need to be properly and fully informed before a decision is made. It is vital that they are assured of a return to eculizumab if there a recurrent episode. (5.4)

Preserving as much kidney function as possible from the acute episode of aHUS is important; this may take time as recovery continues, albeit at a slowing rate. The potential for gaining function may be influenced by the time taken between onset and diagnosis and the drug being prescribed. Whilst the Committee has focussed on the technology and protocol for starting treatment with eculizumab, the speed of diagnosis and the commencement of eculizumab are crucial, including the results of necessary lab tests. It is very clear that the faster patients access eculizumab, the less damage is done. The less damage done, the less recovery is needed and the sooner exiting the drug may be considered. (5.4)

However, underpinning the successful withdrawal of the drug is the need for patients to be assured that their complement activity has returned to a state prior to the triggering event and that the triggering event has passed. (5.4)

aHUSUK notes new evidence about the actual numbers receiving eculizumab and accepts that its baseline number in the cost estimates given in its response to ECD 1 was significantly over stated. Consequently aHUSUK's projected five year spend will be just over £30m less, and so will increase the already significant difference between its estimates and the NICE illustrative "upper range". (5.8)

aHUSUK recognises the uncertainties in constructing a budget and, indeed, was told by a representative from NICE, following its first meeting, how impossible the task might be (but that this would not be detrimental to aHUS patients). aHUSUK notes the Committee's assurance about likely budgets not being the

“sole basis” for a decision. Nevertheless it is also not clear what, in the context of NHS England, constitutes a very high budget. (5.8)

Whilst noting that the Committee has reaffirmed its acceptance of the supplier’s assertion about the considerable value of their drug, aHUSUK is disappointed that the Evaluation Committee has not, as yet, found the answers it sought so that the unit price of eculizumab is shown to be justifiable. aHUSUK would have preferred that there was no doubt about the price, particularly if the Committee had also taken into account distribution/after sales support as a key part of the business infrastructure needed for a drug to made available in a safe and sustainable way. aHUSUK, however, is of the opinion that a justification can be made from well regulated information in the public domain. Furthermore, the tolerances established within the governance arrangements of the Department of Health’s Prescription Pricing Regulatory Scheme gives aHUSUK further cause to be assured. (5.10, 5.17)

aHUS is a complex disease arising from the coming together of a variable combination of genetic and environmental risk factors, and it results in a spectrum of patient experiences. Within that spectrum some patients may need full doses at two-week intervals for life but some may not. aHUSUK supports research to understand the underlying risks so that treatment can be managed with the certainty of a safe outcome. aHUSUK is confident that putting the findings of this research into practice will make a considerable difference to overall affordability whilst fully protecting aHUS patients. (5.18)

Furthermore, aHUSUK supports the idea that the supplier and the NHS will explore further ways to improve cost effectiveness. With a little thought and flexibility waste can be reduced, perhaps for example, unless production processes make it impossible, an intermediate vial size could, through better tailoring to patients’ weight changes, improve treatment safety and avoid using some of the drug unnecessarily. (5.18)

IMPLEMENTATION

aHUSUK appreciates the way in which it has been engaged in both AGNSS and NICE evaluation processes, even though it was very unhappy about the nine month gap before the two were linked. Although it will not be NICE's job to do so, aHUSUK hopes that it will continue to be consulted by those implementing the recommendations, when the time comes.

PROPOSED RECOMMENDATIONS FOR FURTHER RESEARCH

aHUSUK fully supports the need for an expert centre, patient registries, clear clinical protocols and further research about treatment in practice, including examining simple and reliable self testing as well as establishing a clear, assured and sustainable care network pathway during the process of withdrawal.

GUIDANCE

No comment

PROPOSAL FOR REVIEW

Whilst understanding that the review periods may be fixed at a specific level for all NICE guidelines, aHUSUK believes that the exceptional duration of the appraisal process to which aHUS patients have been subjected, as well as the uncertainties surrounding projected patient numbers, should be taken into account and would suggest that a review should be conducted after the end of the fifth financial year of the budget estimate period so that a full comparison can be made with the estimates used in this evaluation.

CONCLUDING COMMENT

aHUSUK did not wish to be subjected to a full evaluation by NICE after having been through the AGNSS appraisal with a positive recommendation. Nevertheless, throughout the process it has found the way in which those at NICE have engaged with its trustees, to be both professional and helpful.

Our patient organisation has, because of unique circumstances, been part of the passage of highly specialised technology appraisals from one established decision making organisation to another. It has witnessed an emerging approach to this task, which is being designed and developed with a vision and commitment to produce something for those who seek equity of access to such technologies for treatment of their severe rare diseases.

aHUSUK recognises that this has not been easy to do, as it has been hard for aHUS patients to handle the uncertainties of what has been an exceptionally prolonged process. aHUSUK hopes that, from now on, the process is straight forward and that, at last, aHUS patients can have assured access to an effective treatment when they need it for as long as it is needed.

[redacted]
For aHUSUK
24 September 2014