Sent by email to: XXXXXXXXXXXXXXXXXXXX

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Society for Mucopolysaccharide Diseases

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9 March 2017

Dear XX XXXX

**Final Evaluation Determination: Sebelipase alfa for treating lysosomal acid lipase deficiency (LAL D)**

Thank you for your letter of 28 February, lodging the Society’s appeal against the above Final Evaluation Determination.

Introduction

The Institute's appeal procedures provide for an initial scrutiny of points that an appellant wishes to raise, to confirm that they are at least arguably within the permitted grounds of appeal ("valid"). The permitted grounds of appeal are:

* 1(a) NICE has failed to act fairly, or
* 1(b) NICE has exceeded powers;
* (2) the recommendation is unreasonable in the light of the evidence submitted to NICE

This letter sets out my initial view of the points of appeal you have raised: principally whether they fall within any of the grounds of appeal, or whether further clarification is required of any point. Only if I am satisfied that your points contain the necessary information and arguably fall within any one of the grounds will your appeal be referred to the Appeal Panel.

I can confirm that there will be an oral hearing of the appeal.

Initial View

Ground 1 (a)

**1.1(a) The Committee have failed to understand the superiority of sebelipase alfa, compared to other approved ERT treatments**

I am not minded to consider this a valid appeal point. As you say, the Committee acknowledged that sebelipase alfa is the first treatment to target the underlying cause of LAL D, that clinical opinion considered this a step change in treatment and that the evidence for effectiveness was compelling. The Committee noted that it was also potentially life-saving in infants and made cost effectiveness comparisons with best supportive care (which reflects treatments currently available) where sebelipase alfa was considered superior. NICE must appraise drugs against the current treatment available for the condition, not in relation to other treatments for other conditions. It seems to me to have clearly done this and acknowledged the superiority of sebelipase alfa’s effectiveness over current treatments for the condition.

**1.2(a) The Committee have failed to recognise the severity of the disease in the infant population.**

I am not minded to consider this a valid appeal point. The Committee clearly recognised the severity of the disease in the infant population, noting in paragraph 4.1 that, for infants, survival is less than 12 months and the median life expectancy for those with rapid progression of the disease is 3.7 months. It is however an absolute requirement of highly specialised technology evaluations that NICE consider both costs and effectiveness and come to a balanced judgement, bearing in mind the resources available.

You refer to treatment for Hypophosphatasia. Although NICE should be consistent between appraisals, each appraisal is so dependent on the precise evidence for the costs and benefits of each treatment that it is very difficult to make out an arguable case for inconsistency. For there to be a valid appeal under Ground 1(a) there would need to be an aspect of the process in reaching that decision that was unfair, or a clear and unexplained inconsistency with a truly parallel past appraisal, not simply that the recommendation was disadvantageous to a particular group.

Ground 1.b

No appeal points.

Ground 2

**2.1 The Committee’s statement relating to infants coming off treatment reflects their lack of understanding and compassion for a fatal disease.**

I am not minded to consider this a valid appeal point. The Committee’s statement, which applies to all patients not infants alone, simply states that those currently receiving treatment with sebelipase alfa should continue to do so irrespective of the guidance unless the NHS clinician and patient (or in the case of an infant or child their parent or carer) jointly decide that it should stop. It therefore protects the position of those currently receiving the drug. The point is to be clear that NICE is not issuing guidance that any treatment currently under way should stop. Management of such treatment remains a matter for the clinician and patient. This is standard wording that is used in essentially all NICE appraisals.

**2.2 The Committee’s statement relating to patient representation was untrue and inappropriate.**

I am not minded to consider this a valid appeal point. There is no suggestion in the FED that the Committee felt that patient expert views were not given transparently and honestly, or that the Committee was critical of them. They did not use the term "biased". The Committee did consider that the evidence of the patient experts reflected their own or their child’s experience of having the more severe or severest forms of the disease because they had taken part in the clinical trials but this did not lead the Committee to discount their evidence, simply to note that the quality of life effects of symptoms in the less severe forms of the disease were less clear.

**2.3 The Committee’s reservations on the long-term health benefits of sebelipase alfa not being achieved and the benefits being highly uncertain due to the limited data available (para 5.22) to be invalid and subjective.**

I consider this to be a valid appeal point, on the basis that you consider the Committee’s judgement about the long term benefit of sebelipase alfa to be unreasonable in light of the evidence. I would advise you however in presenting your case that it is not sufficient simply for there to be clinical benefit and a Managed Access Agreement for a Committee to approve a highly specialised technology. It must also take account of costs and available resources in reaching a conclusion.

As I agree that at least one of your appeal points is valid it will be passed to an appeal panel for consideration. Please let me have any further observations you may have on those points that I am not minded to consider valid within the next ten working days, **by Thursday 23 March 2017,** and I will then finalise my decision on initial scrutiny.

Yours sincerely

Andy McKeon

Vice-Chair

National Institute for Health and Care Excellence