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Sent by email:

Pfizer Limited
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4 October 2017

Dear

Appeal against Final Appraisal Determination (FAD): Inotuzumab ozogamicin for treating relapsed or refractory B cell acute lymphoblastic leukaemia

Thank you for your letter of 26 September 2017 responding to my views on initial scrutiny. This is my final decision on the valid appeal points.

## Ground 1 (a)

Ground 1.1 The appraisal committee has seemingly failed to consider the cost effectiveness of inotuzumab applicable to UK clinical practice when used in accordance with its marketing authorisation

Already accepted as valid.

Ground 1.2 The fact that the clinical experts were not invited to the second meeting of the Appraisal Committee meant that important clinical advice was not available to guide the preparation of the FAD

Already accepted as valid.

Ground 1.3 The Committee has provided no explanation for its decision to reject the

utilities proposed in the revised Pfizer base case for the post HSCT period and

submitted in response to consultation

Having reviewed your additional argument I now agree this is a valid appeal ground.

**Ground 2** 

2.1 The Appraisal Committee's reasons for disregarding key assumptions used for the

purposes of NICE's appraisal of blinatumomab do not explain the choices that were

made in relation to inotuzumab

Already accepted as valid.

2.2 The Committee has seemingly misunderstood the utilities submitted by Pfizer in

response to consultation on the ACD

Already accepted as valid.

2.3 The Committee has misinterpreted Pfizer's revised submission on administration

costs

I have considered your additional explanation carefully. However I am afraid it does not

seem to address the questions raised in my initial scrutiny letter and has not taken me any

further forward. Therefore I cannot see any arguable basis on which the committee can be

said to have misinterpreted your submission on administration costs and I am not allowing

this point to proceed.

The valid appeal points are 1.1, 1.2, 1.3, 2.1 and 2.2.

Yours sincerely

Dr Rosie Benneyworth

Vice Chair

National Institute for Health and Care Excellence