Dear Ebenezer, 12th May 2008

Re: NICE single technology appraisal of febuxostat for the treatment of hyperuricaemia

I am writing to you to provide an additional piece of analysis, requested by the Appraisal Committee in order to quantify some of the considerations discussed at the Committee meeting of 1st May 2008.

Using a deterministic analysis, the results presented in the Ipsen model reported a QALY gain that was 0.032 in the base case (i.e. when the chronic utility gain associated with sUA level is incorporated in addition to the utility effects associated with gout flares)

When the chronic utility gain is removed (achieved by setting cell B176 in the Model Parameters sheet to 0, rather than the assumed [redacted] utility loss per sUA category higher than the sUA<6 category) the QALY gain falls to 0.006 resulting in a CPQ of £81k .

Note that these answers are at 2 years, and are affected by the increased number of flares in the initial 3 months of treatment, However when the time horizon is extended to 5 years the QALY gain is still small (0.008), with the model reporting a CPQ of £150k. It is noted that the CPQ results produced by the model are parabolic, with a utility gain of 0.000 (to 3dp) and a CPQ of £696k after 1 year, which could be an additional cause for concern. Unfortunately I have not had time to investigate this further to date.

In summary:

0.032 = QALY gain associated with the avoidance of gout flares *and* the chronic effects associated with sUA.
0.006 = QALY gain associated with the avoidance of gout flares alone.

Thus we would surmise that the QALY gain associated with the chronic effects of improved sUA levels due to febuxostat use would be 0.026.

I was uncertain on how many of these analyses should be CIC so I have erred on the side of caution.

Yours sincerely

Dr Matt Stevenson