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Dear Dr Longson

Health Technology Appraisal – Febuxostat for the management of hyperuricaemia in patients with gout

The British Society for Rheumatology (BSR) welcomes the opportunity to comment on the Appraisal Consultation Document (ACD) and evaluation report for the above appraisal. The comments have been prepared by Professor Michael Doherty.

The BSR is satisfied that all relevant evidence has been taken into account, the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and preliminary views on the resource impact and implications for the NHS are appropriate.

In terms of not recommending febuxostat as a first-line urate lowering therapy we believe the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS. However, there are patients who cannot tolerate allopurinol and who subsequently fail on second-line uricosuric drugs (sulphinpyrazone, probenecid, benzbromarone) through intolerance or insufficient efficacy. Many patients who fail on allopurinol have chronic renal impairment and other comorbidity and cannot receive sulphinpyrazone or probenecid because of reduced efficacy and high risk of further worsening of renal function (benzbromarone is the only uricosuric that can be used in patients with mild to moderate renal impairment). Although this is a relatively small proportion of gout sufferers, because of the high prevalence of gout this amounts to a significant number of patients. Rather than not recommend febuxostat at all, a case could be made for considering this new drug in those patients who had failed on, or cannot receive, available treatment options. Such patients with difficult, complex gout should already have been referred to gout specialists (primarily rheumatologists) who can ensure that the drug is used with caution and with appropriate monitoring. It may be that this option will exist anyway, on a special named patient basis, but the Committee may wish to endorse such consideration, given the common severe impact of intractable gout on the quality of life of patients.

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A review after 3 years, as suggested, seems reasonable, providing that new clinical data are available to present to the Committee.

Yours sincerely

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