

12 January 2012

National Institute for Health and Clinical Excellence Level 1A City Tower Piccadilly Plaza Manchester M1 4BD

Dear Sirs

NICE MTA on Omalizumab

Thank you for circulating your document for the appraisal of Omalizumab. Unfortunately ARNS did not receive the document in time to fully circulate to all of our members. As a result ARNS have been unable to provide NICE with our own conclusions.

We do however fully concur with Asthma UK's document summary, which we believe is thorough and provides NICE with a strong patient centric perspective of the drug. Please see our comments on the document attached

Yours faithfully





12 February 2012

ARNS supports the Asthma UK Submission to NICE MTA on Omalizumab

Having studied the AUK Document dated January 2012 and the 'Technology Assessment Report commissioned by the NHS R&D HTA

Programme on behalf of NICE – Protocol' (September 2011), we agree that the 3 main recommendations by AUK should be supported;

- Omalizumab Omalizumab should be recommended for a clearly and carefully defined group of adults and children with severe allergic asthma.
- It should continue to be necessary for people to be properly assessed by a specialist before being given Omalizumab.
- It should not be necessary for someone to have had a specific number of hospital admissions before they can be given Omalizumab.

The document covers a wide spectrum of scenarios from the best to the worst aspects of Omalizumab. Clearly the lack of long term data regarding Omalizumab is concerning, especially where children are involved, however the long term side effects of the usual drugs also give rise to concern. The fact that the Scottish Medicines consortium has granted the use of Omalizumab in children strengthens the argument that it should be available across the UK.

Perhaps one aspect which can perhaps be a disadvantage is the fact that Omalizumab is recommended by NICE/SIGN for use only in specialised centres. This perhaps requires clarification as to what is meant by specialist centres. If this means a Tertiary centre then this could disadvantage many people due to the travelling required to obtain the drug. This could mean a day off work for many people living in rural areas.

In summary, Omalizumab when given to suitable candidates has been shown to dramatically change lives. As with all drugs ongoing evaluation is essential. Removing some of the blocks (such as the perverse admissions rule) should enable clinicians to treat this group of patients with challenging disease more efficiently.

Association of Respiratory Nurse Specialists January 2012