1. The Primary Care Rheumatology society (PCRS) are disappointed that NICE do not feel that Belimumab has an active part to play in the management of active SLE.
2. We feel that SLE is such a multi-factorial disease that trials have not been able to demonstrate a significant effect for any of the newer drugs which are used to treat it; for example Rituximab.
3. Rituximab is however used with excellent results to treat some patients with SLE.
4. We are concerned that a refusal to allow clinicians to use Belimumab will also jeopardise the use of Rituximab in patients with SLE. In the current times of financial constraints within PCTs, funding for Biologic drugs is already threatened. We feel that PCTs will start to refuse finding for Rituximab for SLE, as there is a lack of good evidence for its efficacy, but it does undoubtedly work in the correctly selected patients.
5. This will leave patients with active SLE, no option but to be treated with high dose steroids and immunosuppressive drugs, which are all potentially harmful.
6. We do not feel that patients with SLE have been allowed to comment sufficiently upon this decision.
7. We consider it inhumane to deprive patients of a drug which could be potentially curative for their disease, just because it is not economical to treat everyone with SLE.
8. In calculating the economic data and QALYs, we are aware that no account has been taken of the financial effect of patients with SLE having to cease work and become dependent on benefits.
9. If the lifetime effect of being on state benefits was taken into account and the lack of economic productivity for that patient, we are certain that it would become cost-effective to use Belimumab.
10. We would like to ask NICE to look back upon the ACD for using anti-TNF drugs to treat Rheumatoid arthritis and its initial refusal on an economic basis. The National Audit Office have now produced a report which supports the use of Biologic drugs in RA (1) and clearly states that it is cost-effective to use Biologic drugs because of the lifetime positive effects of keeping these patients in work and preventing them from needing to use health and social care when they become dependent.
11. The PCRS strongly feel that the evidence for Belimumab has yet to evolve and that given more time and a more specific economical analysis, this drug would be shown to be cost-effective.

Refs. 1.

1. Services for people with rheumatoid arthritis; National audit Office

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