

22<sup>nd</sup> May 2007

Mr James Morris - Health technology assessment manager,  
Schering-Plough house,  
Shire Park,  
Welwyn Garden City.  
AL7 1TW

Dear James,

**Single Technology Appraisal – Infliximab for the treatment of adults with psoriasis**

The Evidence Review Group, Southampton Health Technology Assessments Centre (SHTAC), and the technical team at NICE have now had an opportunity to take a look at your submission. In general terms they felt that it is well presented and clear. However the ERG and the NICE technical team would like further clarification relating to the clinical and cost effectiveness data.

Both SHTAC and the technical team at NICE will be addressing these points in their reports. As there will not be any consultation on the evidence report prior to the Appraisal Committee meeting you may want to do this work and provide further discussion from your perspective at this stage.

We request you to provide a written response to this letter to the Institute by 5<sup>th</sup> June 2007. Two versions of this written response should be submitted; one with academic/commercial in confidence information clearly marked and one from which this information is removed.

If you present data that is not already reference in the main body of your submission and that data is seen to be academic/commercial in confidence information, please complete the attached checklist for in confidence information.

Yours sincerely

Meindert Boisen, Pharmacist MScHPPF  
Associate Director - STA  
Centre for Health Technology Evaluation

Encl. checklist for in confidence information

## **Section A. Clarification on search strategies**

- A1. Please provide further explanation of why a search was not undertaken to identify company research reports and ongoing trials relevant to the submission.

The submission states that an in-house search of databases was 'not applicable' on page 93 of the submission (economic searches section) and there is no mention of using in-house databases in the clinical effectiveness appendix or in the identification of studies described in section 5.

- A2. Please provide the full cost search strategies that were run for all the databases? In Appendix B page 93 there is only one list of terms and it is unclear which rows have been applied as descriptors and which as free text. The descriptor terms would vary among the databases, hence the need to record each search strategy separately. Some of the cost filter descriptor terms are also missing and there is no evidence of truncation for free text.
- A3. Please clarify whether the Medline used in clinical and cost searches according to the submission include Medline in Progress? In addition, were abstracts and conference proceedings eligible for inclusion or not?

## **Section B. Clarification on clinical effectiveness data**

- B1. On page 14, section 5.2.2, second paragraph states that 'systematic review papers were scanned manually to identify any new RCTs referred therein'. Please provide details of these systematic reviews and also note the search terms that were used to identify them.
- B2. Please provide a description of the processes undertaken in applying the inclusion and exclusion criteria, the data extraction and the quality assessment of the trials.
- B3. Please provide the numbers relating to the reasons for excluding RCTs referred to in the flow chart on p.17 and a list of the references for the excluded studies with their respective reasons for exclusion? In addition could you provide this data for the comparator interventions?
- B4. Please state any differences in the studies used for the indirect comparison and meta-analysis in your submission and those used in the technology assessment report efalizumab and etanercept for the treatment of psoriasis (Woolacott et al 2005).

## **Section C. Clarification on indirect treatment comparison**

- C1. Please clarify the method used for the indirect comparisons. The methodology has not been made sufficiently clear to allow the ERG

group to review the approach taken and therefore the outcomes of the analysis. Could you provide a clearer description of the methods undertaken and provide a clearer explanation of where the data in Tables 12 to 14 comes from?

- C2. Please provide the WinBugs programming used for the bayesian hierarchical model.

#### **Section D. Clarification on cost-effectiveness data**

- D1. Please explain what the point estimates are (and uncertainty where relevant) for all the variables listed Table 6.2.6.1 and Table 6.2.11.2.
- D2. Please clarify the variables in the equations on page 58. Not all the variables included in the equations were defined in Table 6.2.6.1. Those not defined were .sc .t , .p . and cclinic.
- D3. Please provide a written explanation of the model schema given in Figure 6.2.6.1 as the diagram was not entirely clear.
- D4. Please clarify the meaning of “the analysis adjusted the number of outpatient visits for infliximab by the number of infusion visits” on page 61.
- D5. Please provide a sensitivity analysis on the effect of vial sharing on the cost effectiveness.
- D6. Please provide an explanation of the meaning of the variable dtrial in Table 6.2.7.6. This was defined as the duration in years of the trial period of infliximab
- D7. Please provide utility values for the proportion who had 4th quartile DLQI.
- D8. Please clarify the reasons why the utilities derived from the trials were not used in the economic modelling.
- D9. Please clarify the consultation exercise used to verify the assumptions around hospitalisations and outpatient visits by clinical experts. For example the definition of a clinical expert, how many were included and the details of the consultation exercise.
- D10. Please clarify what the assumed starting ages in the cohort for base case and other models. Also for all the sensitivity analyses, what is the assumed proportion of this group with severe psoriasis (4th quartile DLQI)?
- D11. Please clarify if and how your model structure differs from that used in technology assessment report efalizumab and etanercept for the treatment of psoriasis (Woolacott et al 2005).

D12. Please state for all assumptions, any differences in point and uncertainty estimates between your submission and technology assessment report efalizumab and etanercept for the treatment of psoriasis (Woolacott et al 2005).