

10 July 2009.

Dear [REDACTED]

Re: Use of tumour necrosis factor alpha inhibitors (adalimumab and infliximab) for Crohn's disease; report by the decision support unit

Many thanks for giving us the opportunity to comment on this report.

1. We note with approval that the previous problems arising from reliance on probabilities derived largely from the Silverstein study have been tackled.
2. We also note that maintenance adalimumab is cost-effective compared to episodic adalimumab (ICER=£7445, p44).
3. We are concerned however that the equivalent ICER for infliximab seems to be greater (it is not entirely clear from the conclusions what this ICER is) although we note that p40 (Amended Leeds model) includes ICERs of £10,389 and £13,711 for maintenance versus episodic treatment. There is certainly no evidence to suggest that infliximab is less efficacious than adalimumab and drug costs are very similar.
4. We would like to reiterate that there is now very clear evidence showing that maintenance therapy is more effective than episodic therapy, including reduced rates for hospital readmission and surgery and the UK is now, we believe, the only country where episodic anti-TNF therapy is still practiced for this condition.
5. It follows from 4 above that there is a strong argument for comparing the cost-effectiveness of maintenance anti-TNF therapy with standard therapy rather than with episodic anti-TNF therapy. This lowers the ICERs still further.
6. We would recommend that NICE also take into account the recent peer-reviewed and published cost effectiveness evaluation by Bodger et al (Alimentary Pharmacology and Therapeutics 2009;30:265-74; see attached pdf) which reports ICERs for 1 year maintenance therapy versus standard therapy of £19,050 and £7190 for infliximab and adalimumab respectively and, for 2 years maintenance, £21,300 and £10,310 respectively.
7. As a consequence of these new assessments we would urge NICE now to approve maintenance therapy with both infliximab and adalimumab for Crohn's disease. We will of course be happy to discuss further details of this eg eligible patients and duration of therapy.

Best wishes,

[REDACTED]
[REDACTED]
(on behalf of the Royal College of Physicians)

[REDACTED]
[REDACTED] University of Nottingham
&

[REDACTED]
(on behalf of the British Society of Gastroenterology)