



Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours:

NICE STA

Addendum #2:

Between 1st and 2nd NICE Appraisal Committee meetings

29th August 2017

Confidential information that is commercial-in-confidence is highlighted and underlined.

1 Background

The first NICE committee meeting for this STA was held on 28th June 2017. Afterwards, NICE asked Bayer to provide some additional information and new analyses. Our critique of Bayer's response is given in our Addendum of 11th August 2017. Our Addendum also contained our revised base case.

On 29th August 2017, NICE presented us, the ERG, with Bayer's model which was revised in two ways:

- Include the option of assuming no recensoring in the implementation of treatment switching. Previously, recensoring was assumed in all analyses.
- Include the "revised dosing assumption" for regorafenib. Here, the mean doses of regorafenib per treatment cycles were amended to include 0mg doses.
 Previously, 0mg doses were excluded.

On 29th August 2017, NICE also sent us two documents from Bayer. The first presented their revised ICER with no PAS, and the second contained their revised ICERs under their new revised PAS.

Originally, Bayer submitted a PAS of a **second** reduction in the price of regorafenib. This corresponds to a mean cost per pack of regorafenib of **second**, compared to the list price of £3,744. Bayer now offer regorafenib for a price of **second** per pack, which we calculate equates to a PAS price reduction of **second**.

2 Bayer's revised ICERs

Bayer now estimate the ICERs for regorafenib vs. placebo below. They assume the following basis:

- Age-related utility decrements.
- Additional background mortality.
- Weibull OS extrapolation.
- Updated dosing analysis.
- 2017 OS data.

yer ICERs (revised	PAS)
No recensoring	Recensoring
£48,000	£40,000
£47,000	£42,000
	No recensoring £48,000

Table 2. Bayer ICERs with no PAS

	No recensoring	Recensoring
IPE		
IFE		
RPSFT		

We can recreate the ICERs above using Bayer's revised model.

3 PenTAG revised base case

In our previous Addendum, we cautioned that we had not been presented with the mean doses corresponded to Bayer's "updated dosing analysis" for regorafenib. Bayer have now provided this data. We now accept the use of the "updated dosing analysis".

We now agree with Bayer's revised basis given in the section above. Therefore our base case ICERs are given in Tables 1 and 2 above. As mentioned in our previous Addendum, we consider all ICERs within each Table equally likely.

In our previous Addendum, we estimated our base case ICERs without allowing for recensoring. It is reassuring to observe that the relevant ICERs in the Tables above are very similar to those we estimated.

We repeat from our original report that total uncertainty in the cost-effectiveness of regorafenib versus BSC is high due to:

- Substantial uncertainty in the adjustment for widespread treatment switching.
- Important uncertainty in the extrapolation of OS.