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Evidence Review Group Report commissioned by the NIHR HTA Programme on behalf of NICE

Afamelanotide for treating erythropoietic protoporphyria ADDENDUM

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Date completed 17 November 2017

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Correction to ERG deterministic sensitivity analysis tables

The ICERs for the upper and lower limits of effectiveness and utility parameters in Tables 34 and 35 (page 114 ERG Report) were incorrectly labelled. Corrected tables are shown below.

Table 34 Simple QALY model: ICERs for lower and upper parameter ranges

Scenario	Effects[a]		GBD disability weight (mild)		Mean implants per year	
	Lower	Upper	Lower	Upper	Lower	Upper
	60.0%	90.0%	0.02	0.04	2	3
1.0	£405,664	£221,520	£417,579	£208,790	£253,371	£378,444
1.1	£933,075	£320,421	£682,200	£341,100	£413,934	£618,266
1.2	£1,599,556	£549,293	£1,169,486	£584,743	£709,600	£1,059,884
	Effects[a]		Disutilities (moderate; severe)[b]		Mean implants per year	
	60.0%	90.0%	(0.021;0.047)	(0.045;0.093)	2	3
1.3	£2,889,993	£1,299,022	£2,542,183	£1,249,637	£1,571,639	£2,347,455

[a] Proportion mild (120 days with treatment)
[b] Disutility vs. mild (moderate; severe)

Table 35 ERG preferred model: ICERs for lower and upper parameter ranges

Scenario	Effects[a]		Utility loss[b]		Mean implants per year	
	lower	Upper	lower	Upper	lower	Upper
	(-4.9;-4.8;-4.5)	(-0.4;-0.0;-0.0)	0.018	0.033	2	3
2.0	£552,284	£17,543,596	£2,263,826	£1,198,119	£1,461,217	£2,182,524
2.1	£457,817	£11,963,277	£1,819,939	£963,194	£1,174,704	£1,754,578
2.2	£438,286	£17,539,848	£1,894,222	£1,002,508	£1,222,651	£1,826,193
2.3	£376,615	£11,961,534	£1,573,167	£832,591	£1,015,422	£1,516,669
	Effects[a]		Utility loss[b]		Mean implants per year	
	(-0.4;-0.0;-0.0)	(-4.9;-4.8;-4.5)	0.018	0.033	1.3	2
2.4	£500,501	£11,766,004	£1,885,952	£998,131	£1,218,005	£1,815,451
	Effects[a]		Utility loss[b]		Mean implants per year	
	(-0.4;-0.0;-0.0)	(-4.9;-4.8;-4.5)	0.018	0.033	2.7	4
2.5	£534,044	£23,318,720	£2,518,313	£1,332,805	£1,625,012	£2,429,736

[a] Mean difference DLQI change (day 60;120;180)
[b] Utility loss per unit increase in DLQI

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Undiscounted QALY gains

Without discounting, the company base case model gives an estimate of [redacted] DALYs avoided for a 38 year old starting age over a 35 year time horizon ([redacted] DALYs with standard care and [redacted] with afamelanotide). The ERG 'simple QALY' adaptation of the company base case also gives an estimate of [redacted] undiscounted QALYs gained ([redacted] with standard care and [redacted] with afamelanotide). Other ERG scenarios yield lower estimates of the undiscounted QALY gain with afamelanotide (see Table 38 below).

The ERG 'best case' model (simple QALY version of company base case with upper limits of treatment effectiveness and utility gain and lower limit of mean implants used per year), gives a mean undiscounted QALY gain of 5.4 (25.44 under standard care and 30.84 with afamelanotide). The same 'best case' model with a starting age of 18 and 60 year time horizon yields a total undiscounted QALY gain of 9.21.

Table 38. Undiscounted QALY results (starting age [redacted] year time horizon)

Scenario	Standard care	Afamelanotide	QALY gain
1.0	[redacted]	[redacted]	[redacted]
1.1	27.33	29.30	1.97
1.2	27.33	28.48	1.15
1.3	20.39	20.91	0.52
2.0	26.44	27.00	0.56
2.1	26.44	27.14	0.70
2.2	26.44	27.11	0.67
2.3	26.44	27.25	0.80
2.4	26.44	26.89	0.45
2.5	26.44	27.11	0.67

Thus, none of the scenarios tested by the ERG yielded an undiscounted QALY gain of more than 10 QALYs.

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