

**SPECIALISED COMMISSIONING – RESPONSE TO AMENDMENTS REQUESTED TO EVIDENCE REVIEW DURING ENGAGEMENT**

<b>URN</b>	170104P
<b>DATE</b>	05/09/2018
<b>POLICY TITLE</b>	Selexipag for treating pulmonary arterial hypertension in adults
<b>CRG:</b>	Specialised Respiratory
<b>NPOC:</b>	Internal Medicine
<b>PUBLIC HEALTH LEAD:</b>	████████████████████

<b>Description of comments during consultation</b>	Two papers were put forward by the clinical lead of the PWG that had not been considered in the evidence review conducted by NICE: McLaughlin et al. JACC 2018; 71(7): 752-63 and Davies et al Patient Preference and Adherence 2018; 12; 1079-1088.
<b>Action taken by Public Health lead</b>	Both papers were reviewed. McLaughlin et al reviewed the way mortality data contributed to landmark events in both the SERAPHIN study and the GRIPHON study. Analyses showed similar impacts on death but with a reduced hazard ratio at 6 and 12 month landmarks. Note the SERAPHIN study is not about selexipag but macitentan, an endothelin receptor antagonist. Davies et al reviewed utility values associated with different modes of drug administration (oral, IV etc.). It concluded there were quantifiable quality of life differences between modes of administration which should be considered in economic evaluation of drugs. Note the corresponding author is employed by Actelion, the manufacturers of selexipag.

<b>Outcome</b>	<b><u>Low grade evidence identified by stakeholders that does not materially affect the conclusions of the existing evidence reviews</u></b>
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