DORSET MEDICINES ADVISORY GROUP

COMMISSIONING STATEMENT ON THE USE OF SECUKINUMAB FOR TREATING MODERATE TO SEVERE PLAQUE PSORIASIS IN ACCORDANCE WITH NICE TA 350

<table>
<tr><td colspan="2">SUMMARY
NHS Dorset Clinical Commissioning Group commissions the use of secukinumab for treating moderate to severe plaque psoriasis in accordance with NICE TA350</td></tr>
<tr><td>BACKGROUND</td><td>Psoriasis is a chronic inflammatory skin disease that is characterised by an accelerated rate of turnover of the top layer of the skin (epidermis). Plaque psoriasis is characterised by thickened, red, scaly plaques typically found on the knees, elbows scalp

Secukinumab is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.

Secukinumab is a high-affinity, fully human monoclonal antibody that binds to and neutralises interleukin 17A, which is thought to be involved in the body’s autoimmune response in diseases such as psoriasis.</td></tr>
<tr><td>RELEVANT NICE GUIDANCE</td><td>Secukinumab is recommended, within its marketing authorisation, as an option for treating adults with plaque psoriasis only when:
the disease is severe, as defined by a total Psoriasis Area Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10
the disease has failed to respond to standard systemic therapies, for example, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation), or these treatments are contraindicated or the person cannot tolerate them
the company provides secukinumab with the discount agreed in the patient access scheme.
Secukinumab treatment should be stopped in people whose psoriasis has not responded adequately at 12 weeks. Further treatment cycles are not recommended in these people. An adequate response is defined as either:
a 75% reduction in the PASI score from when treatment started (PASI 75) or
a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started.</td></tr>
<tr><td>FORMULARY STATUS</td><td>Red</td></tr>
<tr><td>PBR STATUS</td><td>Excluded from PbR tariff</td></tr>
<tr><td>COMMISSIONING</td><td>The company has agreed a patient access scheme with the Department of</td></tr>
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IMPLICATIONS	Health which is commercial in confidence. The prevalence of psoriasis is 1.75% of the adult population of England (around 731,000 people). Of these people, 2.55% would be eligible for biological treatments (around 18,600 people).
RELEVANT CLINICAL WORKING GROUP	Planned and Specialist/Long Term Conditions
PATIENT PATHWAY IMPLICATIONS	Treatment with secukinumab should be stopped after 12 weeks if it is not working well enough. See above for NICE guidance on review and stopping.
SUMMARY OF EVIDENCE TO SUPPORT FORMULARY STATUS	Summarised in NICE TA 350: http://www.nice.org.uk/guidance/ta350
ASSESSMENT OF COST IMPLICATIONS	The undiscounted price for 2 × 150 mg prefilled pen or syringe is £1218.78 (excluding VAT, 'Monthly Index of Medical Specialities' [MIMS] May 2015). Secukinumab is given subcutaneously. The recommended dosage is 300 mg at weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at week 4. The undiscounted annual acquisition cost for secukinumab 300 mg is £19,500 in the first year and £14,625 per year thereafter. The company has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of secukinumab, with the discount applied at the point of purchase or invoice. The level of the discount is commercial in confidence. The Department of Health considered that this patient access scheme does not constitute an excessive administrative burden on the NHS.
REFERENCES	http://www.nice.org.uk/guidance/ta350
Date	11 August 2015, version 1
Review date	August 2017 or earlier in the light of new information
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