

1	<p>Treatment & Condition</p> <p>Secukinumab for treating moderate to severe plaque psoriasis</p>
2	<p>Associated appraisal body & Summary of ruling</p> <p>NICE technology appraisal guidance 350 (July 2015)</p> <p>Secukinumab is recommended, within its marketing authorisation, as an option for treating adults with plaque psoriasis only when:</p> <ul style="list-style-type: none"> • 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. <p>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:</p> <ul style="list-style-type: none"> • 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. <p>When using the DLQI, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any adjustments they consider appropriate.</p>
3	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>According to the Costing Template that accompanies TA350, up to 125 people in Northern Ireland could be eligible for treatment with secukinumab for this condition.</p>
4	<p>Patient Access Scheme availability</p> <p>The manufacturer of secukinumab has agreed a patient access scheme (PAS) with the Department of Health. This involves a discount applied to the list price of secukinumab. The level of the discount is commercial in confidence.</p>
5	<p>Costs (<i>before PAS if applicable</i>)</p>
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Secukinumab is given subcutaneously. The recommended dosage is 300 mg at</p>

	<p>weeks 0, 1, 2 and 3, followed by monthly maintenance dosing starting at week 4. The undiscounted price for 2 x 150 mg prefilled pen or syringe is £1,218.78.</p> <p>The annual cost per patient is:</p> <ul style="list-style-type: none"> • Year 1 (17 doses) = £20,719.26 • Subsequent years (13 doses annually) = £15,844.14
5.2	<p>Infrastructure costs per patient per annum</p> <p>It is recognised from the NICE guidance that there may be some infrastructure requirements associated with the introduction of this therapy. The HSC Board does not anticipate that this will be a significant resource and will work with clinicians to identify how the requirements compare to current infrastructure needs.</p>
5.3	<p>Current in year costs</p> <p>Secukinumab is an additional treatment option alongside current standard treatment options. Any 2015/16 costs should be addressed by the funding made available to Trusts for the growth in the use of biologic therapies.</p>
5.4	<p>Recurrent overall costs per annum (including additional costs)</p> <p>The recurrent costs of implementing this TA for 125 patients would be approximately £1.875m before application of the PAS. Any recurrent costs will be included in the HSC Board financial planning assumptions for predicted growth in this area from 2016/17.</p>
5.5	<p>Opportunities for cost savings and how these will be secured</p> <p>It is not anticipated that there will be cost savings associated with the introduction of this treatment.</p>
6	<p>Expected implementation period</p> <p>This therapy is currently available in Northern Ireland on a cost per case basis. It is expected that this therapy will be formally commissioned during the fourth quarter of 2015/16. The introduction will be subject to confirmation of the level of funding available and submission of an IPT by Trusts for the overall drug cost requirements for treating patients with psoriasis. For patients being considered for drug treatment for psoriasis, it is expected that secukinumab be considered as an option for treatment alongside the currently available therapies. In the period to the end of September 2015, four patients had been approved for treatment through the cost per case process.</p>
7	<p>Commissioning arrangements</p> <p>This drug will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost-per-case (CPC) basis.</p> <p>The treatment will be commissioned through the existing Investment Proposal Templates and subsequent negotiation process as part of the overall commissioning arrangements for specialist therapies for psoriasis.</p>

	An investment proposal template will be completed by each Trust and the final profile of resources and monitoring arrangements agreed.
8	<p>Monitoring arrangements</p> <p>The Trust will be required to provide a quarterly report to the Specialist Services Commissioning Team on the number of patients receiving treatment including the cost of the drugs per patient.</p> <p>The uptake of this regime across NI is small, in the region of 125 patients in total. Given the relatively high cost of this regime it is important that Trusts undertake to carry out the 12 week review in accordance with the NICE guidelines. Patients who are not showing an adequate response should not proceed to further treatment cycles.</p> <p>Each Trust will produce a brief annual update on this regime giving confirmation of the number of patients commenced on treatment, confirmation that the 12 week review has been completed and confirmation of the number of patients subsequently removed from therapy in compliance with NICE criteria.</p>
9	<p>DHSSPS Legislative/Policy Caveats</p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>