

<p>1.</p>	<p>Treatment & Condition</p> <p>Ixekizumab for treating moderate to severe plaque psoriasis.</p>
<p>2.</p>	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA442 (April 2017)</p> <p>Ixekizumab is recommended as an option for treating plaque psoriasis in adults, only if:</p> <ul style="list-style-type: none"> • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10; • the disease has not responded 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, and • the company provides the drug with the discount agreed in the patient access scheme. <p>Stop ixekizumab treatment at 12 weeks if the psoriasis has not responded adequately. An adequate response is defined as:</p> <ul style="list-style-type: none"> • a 75% reduction in the PASI score (PASI 75) from when treatment started <i>or</i> • a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started. <p>When using the PASI, healthcare professionals should take into account skin colour and how this could affect the PASI score, and make the clinical adjustments they consider appropriate.</p> <p>When using the DLQI, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties, that could affect the responses to the DLQI and make any adjustments they consider appropriate.</p>
<p>3.</p>	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>The Resource Impact Template that accompanies NICE TA442, indicates that there will be 56 patients with moderate to severe plaque psoriasis treated with ixekizumab each year in Northern Ireland. However, as this therapy is an additional treatment option for patients with this condition, it is not expected that there will be an impact on the overall projected patient numbers.</p>
<p>4.</p>	<p>Patient Access Scheme Availability (Yes/No)</p> <p>The company (Eli Lilly) has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of ixekizumab, with the discount applied at the point of purchase or invoice. The level of the discount is commercial in confidence.</p>

5.	Costs (<i>before PAS if applicable</i>)
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>Ixekizumab is given by self-administered, subcutaneous injection as follows:</p> <ul style="list-style-type: none"> • 160 mg at week 0, followed by 80 mg every 2 weeks until week 12. • After week 12, 80 mg every 4 weeks. <p>The list price is £1,125 for 80 mg, and £2,250 for 2x80 mg.</p> <p>In year 1, the cost per patient = £2250 + (6 x £1125) + (10 x £1125) = £20,250 In year 2 and subsequent years = 13 x £1,125 = £14,625</p>
5.2	<p>Infrastructure costs Per annum</p> <p>It is anticipated that infrastructure requirements will be minimal.</p> <p>Infrastructure requirements for the delivery of all biologics are reviewed annually as part of the routine commissioning arrangements for supporting growth in the provision of these therapies.</p>
6.	<p>Expected implementation period</p> <p>There is no impediment to implementation of this guidance.</p>
7.	<p>Commissioning arrangements</p> <p>This regime will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team.</p>
8.	<p>Monitoring arrangements</p> <p>The HSC Board has robust arrangements in place for the monthly monitoring of all biologic therapies (activity/cost and waiting times) and this regime will be included within the routinely provided return.</p> <p>All monitoring returns for biologics are reviewed by the specialist services commissioning team monthly.</p>
9.	<p>DoH (NI) 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>