HSCB Service Notification for the managed entry of new medicines and technologies

Health and Social Care Board

1.	**Treatment & Condition** Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people
2.	**Associated appraisal body *&* Summary of ruling** NICE Technology Appraisal guidance TA455 (July 2017) <u>Adalimumab</u> is recommended as an option for treating plaque psoriasis in children and young people aged 4 years or older, only if the disease: • is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and • has not responded to standard systemic therapy, such as ciclosporin, methotrexate or phototherapy, or these options are contraindicated or not tolerated. <u>Etanercept</u> is recommended as an option for treating plaque psoriasis in children and young people aged 6 years or older, only if the disease: • is severe, as defined by a total PASI of 10 or more and • has not responded to standard systemic therapy, such as ciclosporin, methotrexate or phototherapy, or these options are contraindicated or not tolerated. <u>Ustekinumab</u> is recommended as an option for treating plaque psoriasis in children and young people aged 12 years or older, only if the disease: • is severe, as defined by a total PASI of 10 or more • has not responded to standard systemic therapy, such as ciclosporin, methotrexate or phototherapy, or these options are contraindicated or not tolerated. Stop etanercept treatment at 12 weeks, and adalimumab and ustekinumab treatment at 16 weeks, if the psoriasis has not responded adequately. An adequate response is defined as a 75% reduction in the PASI score from the start of treatment.
3.	**Number of people in Northern Ireland expected to take up service/therapy** *(including new cases per year)* The NICE resource impact statement that accompanies this TA indicates that the number of people who will receive this treatment will be small and that it is unlikely that current practice will change substantially as a result of this guidance.
4.	**Patient Access Scheme Availability** Not applicable
5.	**Costs** *(before PAS if applicable)*

5.1	**Drug cost per patient per annum (for new and prevalent cases)** Adalimumab: Given subcutaneously; initially 0.8mg/kg every week (maximum per dose 40mg) for 2 doses, then 0.8mg/kg every 2 weeks (maximum per dose 40mg). At a cost of £352.14 for 40mg adalimumab in a prefilled pen or prefilled syringe or vial for paediatric use, costs: • Year 1 = £9,859.92 (28 doses at maximum dosage) per patient • Subsequent years = £9,155.64 (26 doses at maximum dosage) per patient Etanercept: Given subcutaneously; 0.8mg/kg up to a maximum of 50mg weekly for up to 24 weeks. At a cost of £35.75 per 10mg vial: • £4,290 per patient per 26 weeks at maximum dosage Ustekinumab: Given subcutaneously; 0.75mg/kg for a body weight less than 60kg; 45mg for a body weight of between 60kg and 100kg; 90mg for a body weight of above 100kg at weeks 0 and 4, then every 12 weeks thereafter. At a cost of £2,147 for 45mg ustekinumab in a prefilled syringe, the cost per patient: • £12,882 for 6 x 45mg doses
5.2	**Infrastructure costs per annum** It is anticipated that infrastructure requirements will be minimal. 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.
6.	**Expected implementation period** There is no impediment to implementation of this guidance.
7.	**Commissioning arrangements** This regime will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team.
8.	**Monitoring arrangements** The HSC Board has robust arrangements in place for the monthly monitoring of all biologic therapies (activity/cost and waiting times) and these regimes will be included within the routinely provided return. All monitoring returns for biologics are reviewed by the specialist services commissioning team monthly.
9.	**DoH (NI) Legislative/Policy Caveats** 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.