

1.	<p>Treatment & Condition</p> <p>Apremilast for treating moderate to severe plaque psoriasis</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal Guidance (TA419) November 2015</p> <p>Apremilast is recommended as an option for treating chronic plaque psoriasis in adults whose disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and ultraviolet-A light), or when these treatments are contraindicated or not tolerated, only if:</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 • treatment is stopped if the psoriasis has not responded adequately at 16 weeks; an adequate response is defined as: <ul style="list-style-type: none"> ○ a 75% reduction in the PASI score (PASI 75) from when treatment started or ○ a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from start of treatment • the company provides apremilast with the discount agreed in the patient access scheme.
3.	<p>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</p> <p>Use of this therapy is seen as an additional treatment option for patients with chronic plaque psoriasis. The resource impact template which accompanies TA419 indicates that by 2020 around 35 patients in Northern Ireland will be on this treatment.</p>
4.	<p>Patient Access Scheme Availability</p> <p>The company (Celgene) has a simple discount agreement which provides a discount to the list price of Apremilast at the point of purchase or invoice. The level of the discount is commercial in confidence.</p>
5.	<p>Costs (before PAS if applicable)</p>
5.1	<p>Drug cost per patient per annum (for new and prevalent cases)</p> <p>The recommended dosage is 30 mg twice daily after an initial titration schedule. A single 10 mg dose is given on the first day of treatment; this is titrated to 30 mg twice daily over 5 days The price of apremilast is £550 for a 28-day pack.</p> <p>The company has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of apremilast, with the</p>

	<p>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.</p>
5.2	<p>Total Drug Costs Per Annum</p> <p>The resource impact template that accompanies TA419 indicates that this treatment is likely to be cost saving. This is due to the fact that this is an alternative treatment to those currently available and as an oral therapy should result in administration savings against the current infusion therapies.</p>
5.3	<p>Infrastructure costs Per annum</p> <p>The NICE guidance indicates that the infrastructure requirements associated with the introduction of this therapy should reduce over time. The HSC Board will work with clinicians to identify how the requirements compare to current infrastructure needs.</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 quarter two of 2017/18. The introduction will be subject to confirmation of the level of funding available for the overall drug requirements for treating patients with chronic plaque psoriasis. For patients being considered for drug treatment for this condition, it is expected that this regimen be considered as an option for treatment alongside the currently available therapies.</p>
7.	<p>Commissioning arrangements</p> <p>This drug will be formally commissioned by the HSCB/PHA via the Medicines Management Commissioning Team.</p>
8.	<p>Monitoring arrangements</p> <p>The Pharmacy and Medicines Management Team Information Unit will monitor prescribing data on a quarterly basis, and report back to Medicines Management Commissioning Team as required.</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>