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| 1. | <p>Treatment & Condition</p> <p>Apremilast for treating active psoriatic arthritis.</p> |
| 2. | <p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal Guidance (TA433) February 2017</p> <p>Apremilast, alone or in combination with disease-modifying antirheumatic drugs (DMARDs), is recommended as an option for treating active psoriatic arthritis in adults only if:</p> <ul style="list-style-type: none"> • they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints and • their disease has not responded to adequate trials of at least 2 standard DMARDs, given either alone or in combination and • the company provides apremilast with the discount agreed in the patient access scheme. <p>Treatment with apremilast should be stopped at 16 weeks if the psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis response Criteria (PsARC), defined as an improvement in at least 2 of the 4 PsARC criteria (including joint tenderness or swelling score) with no worsening in any criteria.</p> <p>If the disease has a Psoriasis Area and Severity Index (PASI) 75 response, a dermatologist should decide whether to continue treatment with apremilast after 16 weeks based on skin response.</p> |
| 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 active psoriatic arthritis. The resource impact template which accompanies TA433 indicates that 18 patients will use this treatment in 2017/18, rising to 22 patients from 2018/19.</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>It is not anticipated that the use of this therapy will generate additional costs. The Resource Impact Statement from NICE that accompanies TA433 indicates that</p> |

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| | some minor savings may be achieved. |
| 5.2 | <p>Total Drug Costs Per Annum</p> <p>It is not anticipated that the use of this therapy will generate additional costs. The Resource Impact Statement from NICE that accompanies TA433 indicates that some minor savings may be achieved.</p> |
| 5.3 | <p>Infrastructure costs Per annum</p> <p>None</p> |
| 6. | <p>Expected implementation period</p> <p>This therapy is currently available in Northern Ireland on a cost per case basis. The introduction will be subject to confirmation of the level of funding available for the overall drug requirements for treating patients with active psoriatic arthritis. 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> |