1. **Treatment & Condition**

   Brodalumab for treating moderate to severe plaque psoriasis

2. **Associated appraisal body & Summary of ruling**

   NICE Technology Appraisal guidance TA511 (March 2018)

   Brodalumab (Kyntheum®) is recommended as an option for treating plaque psoriasis in adults, only if:
   - 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 and
   - the disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet A radiation), or these options are contraindicated or not tolerated and
   - the company provides the drug with the discount agreed in the patient access scheme.

   Stop brodalumab at 12 weeks if the psoriasis has not responded adequately, defined as:
   - 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 when treatment started.

   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.

   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.

3. **Number of people in Northern Ireland expected to take up service/therapy**

   Using the assumptions featured in the Resource Impact Template that accompanies TA511, in Northern Ireland it would be expected that 51 patients would be treated with brodalumab annually.

4. **Patient Access Scheme Availability**

   (Yes/No)

   The company (Leo Pharma) has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of brodalumab, with the discount applied at the point of purchase or invoice. The level of the discount is commercial in confidence.
5. **Infrastructure Requirements**

   It is anticipated that infrastructure requirements will be minimal.

   Infrastructure requirements for the delivery of all specialist dermatology drugs 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 monitoring of all specialist dermatology therapies (activity/cost and waiting times) and this regime will be included within the routinely provided return.

   All monitoring returns for specialist dermatology therapies are reviewed by the specialist services commissioning team.

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.