

<p>1.</p>	<p><b>Treatment &amp; Condition</b></p> <p>Risankizumab for treating moderate to severe plaque psoriasis.</p>
<p>2.</p>	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance TA596 (August 2019).</p> <p>Risankizumab (Skyrizi<sup>®</sup>) is recommended as an option for treating plaque psoriasis in adults, only if:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and</li> <li>• the company provides the drug according to the commercial arrangement.</li> </ul> <p>Stop risankizumab treatment at 16 weeks if the psoriasis has not responded adequately. An adequate response is defined as:</p> <ul style="list-style-type: none"> <li>• a 75% reduction in the PASI score (PASI 75) from when treatment started or</li> <li>• a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started</li> </ul> <p>If patients and their clinicians consider risankizumab to be one of a range of suitable treatments, including guselkumab, secukinumab and ixekizumab, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements).</p>
<p>3.</p>	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>Implementation of this guidance offers an additional treatment option for treating plaque psoriasis. The guidance is not expected to have an impact on resources. This is because the technology is an option alongside current standard treatment options.</p>
<p>4.</p>	<p><b>Patient Access Scheme Availability</b></p> <p>(Yes/No)</p> <p>The company (AbbVie) has a commercial arrangement. This makes risankizumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p>

<b>5.</b>	<p><b>Infrastructure Requirements</b></p> <p>Any additional infrastructure costs associated with the introduction of this medicine for this indication will be dealt with as part of the routine commissioning process.</p>
<b>6.</b>	<p><b>Expected implementation period</b></p> <p>There is no impediment to implementation of this guidance.</p>
<b>7.</b>	<p><b>Commissioning arrangements</b></p> <p>This regime will be formally commissioned by the HSCB/PHA via the Specialist Services Commissioning Team initially on a cost per case basis.</p>
<b>8.</b>	<p><b>Monitoring arrangements</b></p> <p>The HSC Board has robust arrangements in place for the monthly monitoring of all biologic therapies (patient numbers and waiting times), and this regimen will be included within the routinely provided return.</p> <p>All monitoring returns for biologics are reviewed by the Specialist Services Commissioning Team.</p>
<b>9.</b>	<p><b>DoH (NI) Legislative/Policy Caveats</b></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> <p>The rural needs Act NI 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling with the scope of the act.</p>