

**East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, Crawley CCG, Horsham & Mid-Sussex CCG**

**Briefing Paper for Prescribing Clinical Network on NICE Technology Appraisals: Local implementation**

|  |  |  |  |
| --- | --- | --- | --- |
| **NICE TA Guidance** | Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs | | |
| **Available at** | https://www.nice.org.uk/guidance/ta537 | | |
| **Date of issue** | Aug 2018 | **Implementation**  **deadline** | 3 months from publication |

|  |  |
| --- | --- |
| **Medicine details** | |
| **Name, brand name** | Ixekizumab |
| **Manufacturer** | Eli Lilly |
| **Licensed indication** | Ixekizumab (Taltz, Eli Lilly) has a marketing authorisation, alone or in combination with methotrexate, 'for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies'. |
| **Usual dosage** | 160 mg by subcutaneous injection (2×80 mg injections) at week 0, followed by 80 mg (1 injection) every 4 weeks thereafter. |

|  |  |
| --- | --- |
| **Disease and potential patient group** | |
| **Brief description of disease** | Psoriatic arthritis can affect people at a young age (peak onset is 30 to 50 years old) and is a lifelong condition. Symptoms including joint stiffness, fatigue and pain can make day-to-day activities difficult and have a serious negative effect on people's quality of life. Most people develop joint symptoms a few years after skin psoriasis and adding a painful joint disease to the skin symptoms can have a substantial psychological impact. |

|  |
| --- |
| **SUMMARY** |

|  |
| --- |
| **NICE recommendation** |
| 1.1 Ixekizumab alone, or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if:   * it is used as described in NICE's technology appraisal guidance on [etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis](http://www.nice.org.uk/guidance/ta199) (recommendations 1.1 and 1.2) or * the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after the first 12 weeks or * TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on [etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis](http://www.nice.org.uk/guidance/ta199)).  Ixekizumab is only recommended if the company provides it according to the [commercial arrangement](http://www.nice.org.uk/guidance/ta537).   1.2 Assess the response to ixekizumab after 16 weeks of treatment. Only continue treatment if there is clear evidence of response, defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria. People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist, to determine whether continuing treatment is appropriate based on skin response (as described in NICE's technology appraisal guidance on [etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis](http://www.nice.org.uk/guidance/ta199), recommendation 1.3).  1.3 When using the PsARC, healthcare professionals should take into account any physical, sensory or learning disabilities or communication difficulties that could affect a person's responses to components of the PsARC and make any adjustments they consider appropriate.  1.4 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.  1.5 These recommendations are not intended to affect treatment with ixekizumab that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop. |
| **Cost implications\*** |
| **Cost of product:** The price is £1125 per 80mg vial ex VAT(maintenance dose is 80mg every 4 weeks). There is however a patient access scheme in place for ixekizumab  **Availability of PAS and details (if appropriate):** *Yes / No*  **Availability of homecare service (if appropriate):** *Yes*  Ixekizumab is another IL-17A inhibitor which is NICE approved for PsA. This has been discussed at the Rheumatology Network and has been included in the PsA treatment pathway as an additional choice. It does not affect the overall lines of treatment available to patients. Using the patient access scheme price there is no additional cost pressure by adding ixekizumab into the pathway as a treatment option.  The rheumatology network will be reviewing this pathway at the next meeting when biosimilar adalimumab is available as there is a need to review which is the least expensive drug available and potential preferred choices.  *\*NICE funding requirements are based on Quality Adjusted Life Years (QALY) threshold. If there is evidence that the incremental cost rises above this threshold in the future, the PCN may reconsider the commissioning status.* |
| **Other NICE recommended products:** |

|  |
| --- |
| See pathway |
| **Impact to patients** |
| Additional treatment choice – monthly injection |
| **Impact to primary care prescribers** |
| None – this will be a red drug |
| **Impact to secondary care** |
| This is a NICE approved PbRe drug and will be considered RED on the traffic light system. It is an additional treatment choice |
| **Impact to CCGs** |
| This is an additional treatment choice and no cost pressure anticipated |
| **Implementation** |
| Guidelines have been updated – see attached for agreement  If approved Blueteq form will need to be developed |
| **Recommendation to PCN** |
| **PbRe:** Y/    Colour classification  **Recommended traffic light status (see attached guidelines):** guidelines  RED  **Additional comments:**  Blueteq form will need to be developed if approved |

# References:

1 <https://www.nice.org.uk/guidance/ta537>

# Prepared by:

Linda Honey, Associate Director Medicines Optimisation, NWS CCG

Declaration of Interest: XXXX

Date: XXXX

# Reviewed by:

Name, Designation, Organisation Declaration of Interest:

XXXX

Date: XXXX

# VERSION CONTROL SHEET

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment** |
| *v.1* |  |  |  | *Out for consultation* |
| *v.2* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |