

Telephone: [REDACTED]

Wednesday, 10 June 2009

Dear Sir/Madam,

Thank you for the invitation to comment on the Appraisal Consultation Document on Ustekinumab for the treatment of moderate to severe psoriasis. In considering the ACD you asked commentators to give thought to particular questions, which are addressed below.

i) *Do you consider that all of the relevant evidence has been taken into account?*

We are not aware of any further relevant evidence that should be taken into account.

ii) *Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and that the preliminary views on the resource impact and implications for the NHS are appropriate?*

We have considered the summaries of clinical and cost-effectiveness as set out in the ACD, and also explored some of the further detail behind the summaries as set out in the evaluation report. A number of issues arise from the evidence, namely the weight –based subgroup analysis, the extrapolation of the 12 week trial data into a 16 week trial period for patients and the inpatient cost assumptions for non-responders. These all appear to be considered in depth and summarised appropriately within the ACD to form a very reasonable interpretation of the evidence. We note that without the patient access scheme the 90mg dose for patients weighing over 100kg would not be cost-effective.

There are no preliminary views set out in the ACD with respect to resource impact or implications for the NHS. In NHS Dorset, with a population of around 400,000 we would expect there to be 80,000 patients with psoriasis (2% of the population), of whom 20,000 would have a severe form (20-30%). In the manufacturer's submission it was suggested that 40% of patients currently would be looking for further treatment options (8,000 patients). It is likely, certainly in the first few years, that clinicians will be cautious with any new treatment because of uncertainty around potential long-term side effects. It is therefore difficult to predict likely costs but these could be substantial. Some of these costs may be offset by savings as a

result of reduced inpatient admissions and procedures, but these are even more difficult to quantify.

- iii) *Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?*

Yes. We are particularly pleased that there are clearly outlined treatment option criteria and stopping criteria to ensure that this treatment is targeted at the group for whom it is likely to be most cost-effective.

- iv) *Are there any equality related issues that need special consideration that are not covered in the ACD?*

No.

Once again thank you for the opportunity to comment

Yours sincerely

Dr [REDACTED]

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