

Comments from the British Association of Dermatologists on the Appraisal consultation document (ACD) for infliximab for the treatment of adults with psoriasis.

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

*Yes*

- 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?

*The summaries are appropriate and the Appraisal Committee has recognised that infliximab is more effective with more rapid response and longer remissions than comparators. The resource impact could be influenced by the fact that most Dermatologists would recommend to use infliximab in two situations one in which the disease is very severe or potentially life threatening and requiring rapid response where this would be a first line intervention and the other where etanercept 25mg b/w and or efalizumab are ineffective or contra-indicated e.g. allergic reaction to etanercept.*

- 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?

*The opinion of the BAD is that the recommendations are not sound and that there is an over-riding case for infliximab being approved for treatment of the most severe and recalcitrant forms of psoriasis. The Technology Review Committee has agreed with our stated case that this is the most effective of the biologicals and that it is the most rapidly effective. While recognising that the arguments against approval are based on cost, on clinical grounds it would be perverse not to have it available for that small group of patients with the most severe disease for whom other options have failed or are inappropriate.*

*Appendix C of the evaluation report implies greater cost effectiveness in patients with more severe QOL impairment measured by DLQI in the upper quartile. Intuitively, additional joint disease would improve utility scores and some of the trials (EXPRESS) have used measures such as SF-36 which might capture additional measures of improvement in general health in very severe disease.*

*There is debate around the definition of “severe disease”. As a compromise based on cost effectiveness infliximab could have a higher requirement of “Very severe disease”. The available data might need to be interrogated to identify evidence for a suitable definition, which might be a PASI score of over 20 and quality of life measures eg DLQI over a higher threshold than for “severe disease” as currently defined for etanercept and efalizumab.*

*Not to approve infliximab would severely constrain treatment options for those patients with the most debilitating disease and deprive them of a dramatically effective therapy already in widespread use.*