NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

# Costing statement:
## Secukinumab for treating moderate to severe plaque psoriasis (TA350)

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## Summary

Secukinumab is recommended, within its marketing authorisation, as an option for treating adults with plaque psoriasis only when:

- the disease is severe,
- the disease has failed to respond to standard systemic therapies,
- the company provides secukinumab with the discount agreed in the patient access scheme.

**The company has agreed a patient access scheme with the Department of Health. This scheme provides a simple discount to the list price of secukinumab, with the discount applied at the point of purchase or invoice. The level of the discount is commercial in confidence. The Department of Health considered that this patient access scheme does not constitute an excessive administrative burden on the NHS. Any enquiries from NHS organisations about the patient access scheme should be directed to the Commercial Operations Team at Novartis Pharmaceuticals UK on 01276 698717 or via email to commercial.team@novartis.com**.

18,600 people in England may be eligible for treatment with secukinumab for psoriasis each year. This equates to 35 people per 100,000 population. This statement is supported by a local costing template, due to uncertainty with future uptake levels and can be amended to take these into account.

This technology is commissioned by clinical commissioning groups. Providers are secondary care providers and community care providers.

# 1 Introduction

1.1 The guidance states that:

Secukinumab is recommended, within its marketing authorisation, as an option for treating adults with plaque psoriasis only when:

- the disease is severe, as defined by a total Psoriasis Area Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10
- the disease has failed to respond to standard systemic therapies, for example, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation), or these treatments are contraindicated or the person cannot tolerate them
- the company provides secukinumab with the discount agreed in the patient access scheme.

Secukinumab treatment should be stopped in people whose psoriasis has not responded adequately at 12 weeks. Further treatment cycles are not recommended in these people. An adequate response is defined as either:

- a 75% reduction in the PASI score from when treatment started (PASI 75) or
- a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started.

People whose treatment with secukinumab is not recommended in this NICE guidance, but was started within the NHS before this guidance was published, should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.

When using the DLQI, healthcare professionals should take into account any physical, sensory or learning disabilities, or

communication difficulties that could affect the responses to the DLQI and make any adjustments they consider appropriate.

1.2 The Department of Health and Novartis Pharmaceuticals UK has agreed that secukinumab will be available to the NHS with a patient access scheme which makes it available with a discount. The size of the discount is commercial in confidence. It is the responsibility of the company to communicate details of the discount to the relevant NHS organisations. Any enquiries from NHS organisations about the patient access scheme should be directed to the Commercial Operations Team at Novartis Pharmaceuticals UK on 01276 698717 or via email to commercial.team@novartis.com

1.3 Secukinumab is a further treatment option for people with psoriasis. A local costing template has been developed to support this costing statement. The template aims to help organisations in England, Wales and Northern Ireland plan for the financial implications of implementing the NICE guidance.

1.4 This technology is commissioned by clinical commissioning groups. Providers are secondary care providers and community care providers.

# 2 Background

2.1 Psoriasis is a chronic inflammatory skin disease that is characterised by an accelerated rate of turnover of the top layer of the skin (epidermis). Plaque psoriasis is characterised by thickened, red, scaly plaques typically found on the knees, elbows scalp.

2.2 Secukinumab (Cosentyx, Novartis) is a high-affinity, fully human monoclonal antibody that binds to and neutralises interleukin 17A, which is thought to be involved in the body's autoimmune response in diseases such as psoriasis.

2.3 The number of people eligible for treatment in England is estimated in table 1.

**Table 1 Number of people eligible for treatment in England**

| Population | Proportion | Number of people |
|---|---|---|
| Adult population of England | | 41,766,418 |
| Prevalence of Psoriasis | 1.75% | 731,000 |
| People eligible for biological treatment | 2.55% | 18,600 |
| Total number of people eligible for treatment with secukinumab | | 18,600 |

# 3 Resource impact

3.1 The guidance might have resource implications at a local level. Therefore, we encourage organisations to evaluate their own practices against the recommendations in the NICE guidance and assess costs using the local costing template.

3.2 The following assumptions have been made in the local costing template:

- The prevalence of psoriasis is 1.75% of the adult population of England (around 731,000 people).
- Of these people, 2.55% would be eligible for biological treatments (around 18,600 people).
- Organisations should estimate the uptake of secukinumab locally; expert clinical opinion estimated that it may be up to 20% of the eligible population.

- People move between biological treatments when the treatment that they are on is no longer clinically effective.
- The cost impact is measured using the maintenance dose for treatments that have an initial and a maintenance dose.
- Costs of monitoring have not been included because they will be the same for all treatments.

3.3 There may be savings from using secukinumab, depending on the mix of treatments replaced. Secukinumab is administered subcutaneously, so if there is a movement from treatments that are infused there may be savings in the cost of administration.

3.4 The Committee noted that secukinumab has a different mechanism of action from the other biological treatments recommended by NICE for psoriasis. It also noted that some patients have complete clearance of their disease with secukinumab. Where people have complete clearance of their disease future treatment costs may be avoided. It is not possible to estimate the number of people who will have complete clearance based on currently available data. Commissioners are advised to assess this using the local costing template.

3.5 Consideration may be given to the use of biosimilars in relation to this appraisal. A biosimilar is a medicine that is developed to be similar to an existing biological medicine. Biosimilars may be used as an alternative to proprietary drugs. However, substitutability and interchangeability cannot be assumed. The choice of biosimilar or originator biological for an individual patient rests with the responsible clinician in consultation with the patient. Currently there are biosimilars for comparator treatments.

## About this costing statement

This costing statement accompanies the NICE technology appraisal guidance on secukinumab for treating moderate to severe plaque psoriasis (TA350) and should be read in conjunction with it. See terms and conditions on the NICE website.

**This statement is written in the following context**

This statement represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The statement is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the statement are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this costing tool should be interpreted in a way that would be inconsistent with compliance with those duties.