NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Ixekizumab for treating moderate to severe plaque psoriasis (TA442)

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Summary

NICE has recommended ixekizumab as an option for treating plaque psoriasis in adults in line with the guidance recommendations (see section 1.2).

Around 17,300 people with plaque psoriasis who are eligible for biological treatments, are eligible for treatment with ixekizumab.

An estimated 1,700 people will have treatment with ixekizumab from year 2021/22 onwards. The estimated numbers of adults in England who will have ixekizumab each year based on the uptake in the resource impact assumptions are shown in table 1.

Table 1 Estimated number of people who will have ixekizumab in England each year using NICE assumptions

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of people	230	690	1,000	1,400	1,700

This report is supported by a local resource impact template because the list price of ixekizumab has a discount that is commercial in confidence. The discounted price of ixekizumab can be put into the template and other variables may be amended.

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

Introduction

1.1 This report looks at the resource impact of implementing the NICE guidance on ixekizumab for treating moderate to severe plaque psoriasis in England.

1.2 The guidance states that:

- Ixekizumab is recommended as an option for treating plaque psoriasis in adults, only if:
  - 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
  - the disease has not responded 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, and
  - the company provides the drug with the discount agreed in the patient access scheme.
- Stop ixekizumab treatment at 12 weeks if the psoriasis has not responded adequately. An adequate response is defined as:
  - a 75% reduction in the PASI score (PASI 75) from when treatment started or
  - a 50% reduction in the PASI score (PASI 50) and a 5 point reduction in DLQI from when treatment started.
- 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.
- When using the DLQI, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties, that could affect the responses to the DLQI and make any adjustments they consider appropriate.

- This guidance is not intended to affect the position of patients whose treatment with ixekizumab was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

1.3 The Department of Health and Eli Lilly have agreed that ixekizumab will be available to the NHS with a patient access scheme that 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 UKPricing@lilly.com.

1.4 This report is supported by a resource impact template that requires the commercial in confidence discounted price of ixekizumab to be put into the template to estimate the resource impact. The template aims to help organisations in England, Wales and Northern Ireland plan for the financial implications of implementing the NICE guidance by amending the variables in the blue cells.

1.5 This technology is commissioned by clinical commissioning groups. Providers are secondary care.

2 Background and epidemiology of plaque psoriasis

2.1 Psoriasis is an inflammatory skin disease that is characterised by an increased turnover of the upper layer of the skin.

2.2 Psoriasis can be graded as mild, moderate or severe. The most common form of psoriasis is chronic plaque psoriasis, which is a chronic, systemic, immune-mediated inflammatory skin disease

that typically follows a relapsing–remitting and unpredictable course.

2.3 Treatments can be topical, which are used first-line, followed by conventional (non-biological) systemic therapies (such as methotrexate or ciclosporin) and phototherapy.

2.4 Biological therapies are offered to patients whose disease has not responded to standard systemic therapies or when these treatments are contraindicated or not tolerated.

2.5 The marketing authorisation for ixekizumab is for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy. The committee heard from the clinical experts that, because there are long-term data available for other biologicals and clinicians are familiar with using them, ixekizumab was likely to be offered to 2 groups:

- patients who had already had a biological treatment to which their disease had not responded
- patients for whom other biological agents were contraindicated.

However, the committee heard that clinicians might offer ixekizumab as a first biological treatment when doctors become more familiar with the treatment and there are more long-term data. The committee accepted that ixekizumab was likely to be used as a second biological treatment in a sequence of biological agents, but could be used as a first biological treatment for people for whom other biological agents are not appropriate. The committee also accepted that, as more data become available, ixekizumab could replace older, less effective biologicals as a first biological treatment.

2.6 Around 1.75% (mid-point of 1.3%-2.2%) of the general population in England have psoriasis. Table 2 shows the number of people estimated to be eligible for treatment with ixekizumab.

Table 2 Estimated number of people eligible for treatment with ixekizumab in England

Population	Percentage of previous row	Number of people
Total adult population of England	-	43,108,471
Prevalence of psoriasis [a]	1.75	754,000
People with plaque psoriasis [b]	90	679,000
People eligible for biological treatment [c]	2.55	17,300
People estimated to have ixekizumab each year from year 2021/22 [d]	10	1,700

a. Parisi R, Griffiths CEM, Ashcroft DM (2011). Systematic review of the incidence and prevalence of psoriasis. British Journal of Dermatology. 165(6):e5.
b. National Institute for Health and Care Excellence. Final scope for the health technology appraisal of ixekizumab for treating moderate to severe plaque psoriasis. June 2016.
c. NICE clinical guideline on psoriasis: assessment and management.
d. Company submission.

2.7 Therefore, it is estimated that around 17,300 people are eligible for treatment with ixekizumab each year.

2.8 From year 2021/22, it is estimated that around 1,700 people will have treatment with ixekizumab each year once uptake has reached 10%.

3 Assumptions made

3.1 The resource impact template makes the following assumptions:

- The model used future uptake data from the resource impact template for the NICE guidance on apremilast for treating moderate to severe plaque psoriasis as the current practice uptake, and this uptake reflects current commissioning practice.
- Biological therapies are relevant comparators. However, the model includes apremilast in line with the resource impact

template for the NICE technology guidance on apremilast for treating moderate to severe plaque psoriasis.

3.2 The treatment costs of biological therapies like etanercept and infliximab may vary because of the availability of biosimilars. 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.

4 Resource impact

4.1 The list price of ixekizumab has a discount that is commercial in confidence. The discounted price of ixekizumab can be put into the resource impact template to calculate the resource impact of the guidance.

4.2 The future uptake assumptions are based on clinical expert opinion and the company submission, and are shown in the resource impact template. Table 3 shows the estimated number of people who will have ixekizumab by financial year.

Table 3 Population estimated to have ixekizumab in England each year using NICE assumptions

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of people	230	690	1,000	1,400	1,700

5 Savings and benefits

5.1 People randomised to ixekizumab had clinically and statistically significantly higher PASI 75 response rates (that is, a 75% reduction in PASI score from when treatment started) at week 12 than placebo and etanercept.

5.2 Treatment with a biological therapy is generally well tolerated and the tolerability of ixekizumab for treating psoriasis is considered to be similar to that for other biological therapies.

5.3 Ixekizumab is a subcutaneous self-administered injection and therefore would provide cost-savings for patients who switch over from infliximab, which is administered through IV infusion.

6 Implications for commissioners

6.1 Ixekizumab for treating moderate to severe plaque psoriasis falls within the programme budgeting category 214X (problems of the skin).

About this resource impact report

This resource impact report accompanies the NICE guidance on ixekizumab for treating moderate to severe plaque psoriasis and should be read in conjunction with it. See terms and conditions on the NICE website.