

Comments on NICE Appraisal Consultation Document for the Single Technology Appraisal on apremilast for moderate-to-severe plaque psoriasis

British Association of Dermatologists Therapy & Guidelines and BADBIR sub-committees

On behalf of the British Association of Dermatologists, thank you for the opportunity to comment on the Appraisal Consultation Document. We disagree with the provisional recommendation not to recommend apremilast for patients with moderate-to-severe plaque psoriasis, and wish to appeal against this decision.

Failure to approve use of apremilast limits patients' choice and discriminates against patients who cannot use, fail or do not wish to have biologics or other systemic treatments.

The move from an antibody-based therapy to a small-molecule one with similar effects is an important development in the management of patients with moderate-to-severe plaque psoriasis. The advantages of apremilast are its relatively safe side effect profile, particularly with respect to hepatotoxicity, reduced need for monitoring, as well as additional efficacy in patients with psoriatic arthritis.

Lack of impairment of LFTs is an important attribute for apremilast, particularly for patients with impaired LFTs precluding the use of other systemic therapies, and would be suitable for patients who are excluded from biologic therapies for the reasons below:

1. Infections such as TB (including latent TB), HIV, hepatitis B, hepatitis C, or patients at high risk of developing these infections, as well as recurrent bacterial infections such as COPD, cystic fibrosis and asthma)
2. Recent malignancy
3. With demyelinating diseases

There is a clear need for effective systemic therapies for patients who are not suitable for other systemic treatments or who may not meet the criteria for biological therapy or in whom biological therapy is contraindicated.

In addition, apremilast [will be available to psoriasis patients in Scotland](#) which also raises inequality issues for patients.

For the above reasons we would urge the committee to reconsider their recommendation and approve the use of apremilast.