**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Proposed Single Technology Appraisal**

**Ixekizumab for moderate to severe chronic plaque psoriasis [ID904]**

**Consultee and commentator comment form**

Please use this form for submitting your comments on the draft remit, draft scope and provisional matrix of consultees and commentators. It is important that you complete and return this form even if you have no comments otherwise we may chase you for a response.

**Enter the name of your organisation here: British Association of Dermatologists**

**Comments on the draft remit and draft scope**

The draft remit is the brief for a proposed appraisal. Appendix B contains the draft remit. The draft scope, developed from the draft remit outlines the question that the proposed appraisal would answer.

Please submit your comments on the draft remit and draft scope using the table below. **Please take note of any questions that have been highlighted in the draft scope itself** (usually found at the end of the document).

**If you have been asked to comment on documents for more than one proposed appraisal, please use a separate comment form for each topic, even if the issues are similar.**

Please complete this form and upload it to NICE Docs by Tuesday 22 December 2015. If using NICE docs is not possible please return via email to scopingta@nice.org.uk If you have any questions please contact Michelle Adhemar, Project Manager on 44 (0)20 7045 2239 or at the email address above.

If you do not have any comments to make on the draft remit and draft scope, please state this in the box below.

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**Comment 1: the draft remit**

| Section | *Notes* | Your comments |
|---|---|---|
| Appropriateness | *It is important that appropriate topics are referred to NICE to ensure that NICE guidance is relevant, timely and addresses priority issues, which will help improve the health of the population. Would it be appropriate to refer this topic to NICE for appraisal?* | Yes. |
| Wording | *Does the wording of the remit reflect the issue(s) of clinical and cost effectiveness about this technology or technologies that* | |

| Section | *Notes* | Your comments |
|---|---|---|
| | *NICE should consider? If not, please suggest alternative wording.* | |
| Timing Issues | *What is the relative urgency of this proposed appraisal to the NHS?* | |
| Any additional comments on the draft remit | | |

**Comment 2: the draft scope**

| Section | *Notes* | Your comments |
|---|---|---|
| Background information | *Consider the accuracy and completeness of this information.* | |
| The technology/ intervention | *Is the description of the technology or technologies accurate?* | Yes. |
| Population | *Is the population defined appropriately? Are there groups within this population that should be considered separately?* | See below |
| Comparators | *Is this (are these) the standard treatment(s) currently used in the NHS with which the technology should be compared? Can this (one of these) be described as 'best alternative care'?* | Apremilast (licensed but not NICE approved) and fumaric acid esters (unlicensed but used in the psoriasis population with moderate severity) should both be considered in the comparator group.<br>As indicated in the NICE guideline, ciclosporin should only be used for a maximum of a year. It is therefore only ever a relatively 'short-term' option. Psoriasis is a long-term condition and no treatments so far are 'curative'. Thus in any economic modelling, inclusion of ciclosporin is problematic. In addition, PUVA (i.e. phototherapy with psoralen), whilst effective, is no longer used routinely in people with psoriasis because of its propensity to cause skin cancer, particularly when followed by immunosuppression. In the NICE guideline certain groups are specified as 'DO NOT USE" populations; When considering PUVA this should only be when other options – including biologic therapies – have been offered and can't be used or are inappropriate.<br>Established clinical practice is very much in line with CG153 – i.e. topicals for limited psoriasis only (not in the population being considered). Phototherapy – specifically UVB, |

| Section | *Notes* | Your comments |
|---|---|---|
| | | and then systemic (non-biologic) therapy – particularly methotrexate. Where psoriatic arthritis is present, methotrexate may be used before phototherapy. Acitretin is not considered cost effective for patients who meet NICE criteria for biologic therapy and has limited utility due to poor tolerability and teratogenicity (a risk that persists for 3 years after treatment cessation). Ciclosporin is not used long term. In view of the high prevalence of metabolic syndrome (up to 40% in some studies), methotrexate is often contraindicated or is poorly tolerated due to abnormal LFTs.<br>The population of patients with moderate disease (i.e. PASI<10) may still have significant disease with major impact (DLQI>10) and treatment options for this group are profoundly limited if methotrexate is ineffective or not tolerated, and ciclosporin cannot be used long term. Treatments used include acitretin, fumaric acid esters, apremilast, biologic drugs (but only if funded under IFR route). |
| Outcomes | *Will these outcome measures capture the most important health related benefits (and harms) of the technology?* | |
| Economic analysis | *Comments on aspects such as the appropriate time horizon.* | |
| Equality | *NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:*<br>• *could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;*<br>• *could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;*<br>• *could have any adverse impact on people with a particular disability or* | |

| Section | *Notes* | Your comments |
|---|---|---|
| | *disabilities.*<br>*Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.* | |
| Other considerations | *Suggestions for additional issues to be covered by the proposed appraisal are welcome.* | |
| Innovation | *Do you consider the technology to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?*<br>*Do you consider that the use of the technology can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?*<br>*Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits.* | Yes – inhibitors of the IL17 pathway are a major step change in terms of ability to achieve clearance of disease (PASI90). Genetic and immunopathogenic studies strongly implicate the IL17 pathway to be of major relevance in psoriasis (and ps arthritis).<br>Yes Neither the DLQI – the commonly used tool for impact in skin disease, or the EQ5D – encompass distress or low mood. These are extremely common in people with moderate-to-severe psoriasis and are known to improve with disease control. |
| Questions for consultation | *Please answer any of the questions for consultation if not covered in the above sections. If appropriate, please include comments on the proposed process this appraisal will follow (please note any changes made to the process are likely to result in changes to the planned time lines).* | Are the subgroups suggested in 'other considerations' appropriate?<br>- Yes.<br>Are there any other subgroups of people in whom the technology is expected to be more clinically effective and cost effective or other groups that should be examined separately?<br>- Consider those with/without psoriatic arthritis.<br>- Consider including consideration of weight – obesity is common in people with severe disease (40% prevalence of metabolic syndrome) and weight is an important predictor of outcome<br>Where do you consider ixekizumab will fit into the existing NICE pathway for psoriasis?<br>- As an option for people with moderate to severe disease requiring biologic therapy. Whilst the PASI is embedded in the criteria for consideration of biologic therapy it remains a very limited tool for proper, holistic disease severity assessment. As indicated in the NICE guideline – assessment needs to encompass all aspects of disease severity (including high need sites, impact, joint disease). It would be an advance to include |

| Section | *Notes* | Your comments |
|---|---|---|
| | | these elements in the criteria so that patients who may have severe disease at high need sites with major impact but do not have a PASI >10 may still be considered for treatment. Whilst there is always concern about 'downward' drift of use to 'milder' cases (and thus cost) the evidence from the UK registry suggests that the majority of patients treated with biologics more than exceed the current disease severity bar (e.g. of 5069 registered on BADBIR, the mean PASI and DLQI (± SD) were 16·4 ± 8·3 and 17·4 ± 7·5, respectively. Br J Dermatol 2015 Aug;173(2):510-8. doi: 10.1111/bjd.13908. Epub 2015 Jul 6). |
| Any additional comments on the draft scope | | |

**Comment 3: provisional matrix of consultees and commentators**

The provisional matrix of consultees and commentators (Appendix C) is a list of organisations that we have identified as being appropriate to participate in this proposed appraisal. If you have any comments on this list, please submit them in the box below.

As NICE is committed to promoting equality and eliminating unlawful discrimination Please let us know if we have missed any important organisations from the lists contained within the matrix, and which organisations we should include that have a particular focus on relevant equality issues.

If you do not have any comments to make on the provisional matrix of consultees and commentators, please cross this box: ☒

| Comments on the provisional matrix of consultees and commentators |
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**Comment 4: regulatory issues (to be completed by the company that markets the technology)**

| Section | *Notes* | Your comments |
|---|---|---|
| Remit | *Does the wording of the remit reflect the current or proposed marketing authorisation? If not, please suggest alternative wording.* | |
| Current or proposed | *What are the current indications for the technology?* | |

| Section | *Notes* | Your comments |
|---|---|---|
| marketing authorisation | *What are the planned indications for the technology?* | |
| | *FOR EACH PLANNED INDICATION:* | |
| | *Which regulatory process are you following?* | |
| | *What is the target date (mm/yyyy) for regulatory submission?* | |
| | *What is the anticipated date (mm/yyyy) of CHMP positive opinion (if applicable)* | |
| | *What is the anticipated date (mm/yyyy) of regulatory approval?* | |
| | *What is the anticipated date (mm/yyyy) of UK launch?* | |
| | *Please indicate whether the information you provide concerning the proposed marketing authorisation is in the public domain and if not when it can be released. All commercial in confidence information must be highlighted and underlined.* | |
| Economic model software | *NICE accepts executable economic models using standard software, that is, Excel , DATA, R or WinBUGs. Please indicate which software will be used. If you plan to submit a model in a non-standard package, NICE, in association with the ERG, will investigate whether the requested software is acceptable, and establish if you need to provide NICE and the ERG with temporary licences for the non –standard software for the duration of the appraisal. NICE reserves the right to reject economic models in non-standard software* | |

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