

**Response from the British Association of Dermatologists
20/08/2010**

Review of TA103 (part): Etanercept for the treatment of adults with psoriasis; TA134: Infliximab for the treatment of psoriasis; TA146: Adalimumab for the treatment of psoriasis and TA180: Ustekinumab for the treatment of adults with moderate to severe psoriasis

[This guidance was issued in July 2006 (TA103); January 2008 (TA134); June 2008 (TA146); September 2009 (TA180). The review date for this guidance is ~~early 2010~~ early 2010+ (TAs 103, 134, 146); January 2010 (TA180).]

We have also reviewed the evidence that postdates these appraisals in our ongoing commitment to keep the BAD guidelines up to date (last updated November 2009). We are not aware of any rigorous data that would demand a reappraisal other than the withdrawal of efalizumab from the market as previously noted and acted upon.

The proposal from NICE indicates that the appraisals should be incorporated, verbatim, within the ongoing clinical guideline on the *Diagnosis and Management of Psoriasis in Young People and Adults*. We agree with this, especially as NICE have indicated that this will preserve the funding direction.

It is possible, though unlikely, that in the formulation of the clinical guidelines there are recommendations that contradict the TAs; in which case there may need to be wider consultation to resolve any contradiction. However, it is more likely that the guidelines will supplement what is already approved, possibly by adding clarity in such areas as to what constitutes a contraindication to PUVA, the continuous administration of etanercept and switching between TNF inhibitors following loss of efficacy. These are practised and have a growing evidence base. Stressing the importance of participating in disease registries (the British Association of Dermatologists Biologic Interventions Register, BADBIR) will also be important in the guidelines. This is all consistent with the proposed flow chart option of ~~an~~ update within the relevant guideline+as indicated in the consultation document.

Biologic therapy continuously evolves and the rate of appearance of new agents necessitates regular updates; factoring in future opportunities for consultations and updates would be important to consider.