

**Comments on NICE Appraisal Consultation Document for the Single
Technology Appraisal on apremilast for treating active psoriatic arthritis
[ID682]**

**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 psoriatic arthritis, and wish to appeal against this decision.

Failure to approve use of apremilast limits patients' choice and discriminates against patients who fail or are not suitable for DMARDs or who do not qualify for, fail or do not wish to have biologics.

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 psoriatic arthritis. The advantages of apremilast are its relatively safe side effect profile, particularly with respect to hepatotoxicity. It would also be a useful option for patients who are excluded from biologic therapies due to the presence of other medical problems, including 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), recent malignancy or demyelinating diseases.

There is a need for effective systemic therapies for patients with psoriatic arthritis 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.

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