

Economic Plan

This document identifies the areas prioritised for de Novo economic analysis. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline

1 Guideline

Psoriasis: the management of psoriasis

2 List of Modelling Questions

Clinical questions by scope area	<p>In people with chronic plaque psoriasis of the trunk and/or limbs, what are the clinical effectiveness, safety, tolerability and cost-effectiveness of topical vitamin D analogues, potent or very potent corticosteroids, tar, dithranol and retinoids?</p> <p>In people with chronic plaque psoriasis at high impact or difficult-to-treat sites (scalp, flexures, face), what are the clinical effectiveness, safety, tolerability and cost-effectiveness of available topical therapies?</p>
Population	<p>Patients with mild to moderate plaque psoriasis:</p> <p>Group 1: Trunk and limb psoriasis</p> <p>Group 2: Scalp psoriasis</p>
Interventions considered for inclusion	<p>Vitamin D analogues, potent corticosteroids, combined vitamin D analogues and potent corticosteroids, concurrent vitamin D analogues and potent corticosteroids, coal tar, dithranol placebo*</p> <p>*Placebo will represent standard, non-prescription creams, lotions and ointments</p> <p>For people with chronic plaque psoriasis at difficult to treat sites the same interventions will be examined but different formulations of products will be used (scalp preparations instead of creams/ointments)</p> <p>We evaluate different sequences of treatment (2 or 3 lines of treatment in primary care followed by referral to secondary care)</p>
Type of analysis	Cost Utility Analysis
Clinical questions by scope area	In people with chronic plaque psoriasis eligible to receive biologics, if the first biologic fails, which is the next effective, safe and cost effective strategy?
Population	Patients with moderate to severe chronic plaque psoriasis who have been previously treated with biologic therapy. (The

	<p>clinical data available to inform the economic analysis did not allow for subgroup analyses to be performed based on the reason for failure of previous biologic therapy. Therefore, the overall population modelled includes primary non-responders (i.e. patients who had an insufficient response to previous biologic), secondary non-responders (i.e. patients who initially responded to previous biologic therapy but lost that response over time) and patients who were intolerant to previous biologic therapy).</p>
<p>Interventions considered for inclusion</p>	<p>Biologic treatment compared to best supportive care. (Due to a scarcity of data for specific biologic therapies licensed for the treatment of psoriasis - adalimumab, etanercept, infliximab and ustekinumab - the analysis assumes a class effect for biologic agents. Therefore, the analysis does not aim to look at particular sequences of biologic agents, nor can it inform recommendations for any particular choice of biologic agents).</p>
<p>Type of analysis</p>	<p>Cost Utility Analysis</p>