**APPENDIX A**

**NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE**

**Health Technology Appraisal**

# Efalizumab and etanercept for the treatment of psoriasis

**Final scope**

**Objective:** To establish the clinical and cost effectiveness of efalizumab and etanercept within their licensed indications for the treatment of psoriasis and to produce guidance to the NHS in England and Wales.[1]

**Background**: Psoriasis is an inflammatory skin disease that is characterised by an accelerated rate of epidermal turnover. Although it is generally considered to be a chronic condition, its course may be erratic, with flare ups and remissions. Estimates suggest that psoriasis affects 1–2% of the UK population.

The most common form of psoriasis is chronic plaque psoriasis, which manifests as well-demarcated, often symmetrically distributed, thickened, red, scaly plaques. There is considerable variation in both the size and the number of the plaques and although they can affect any part of the skin, they are typically found on the extensor surfaces of the knees and elbows and the scalp. There are also a number of acute inflammatory forms of psoriasis that may occur either alone or at the same time as existing chronic plaque psoriasis. An estimated 5–42% of individuals with psoriasis develop joint inflammation, which is known as psoriatic arthritis.

Psoriasis is generally graded as mild, moderate or severe. This classification is based on a number of factors including: the proportion of body surface area affected; the disease activity; the response to previous therapies; and the impact of the disease on the individual, which can be profound.

The cause of psoriasis is not fully understood but there is agreement that it is mediated by activated T lymphocytes and that there is a strong genetic component. There are a wide range of topical and systemic treatments for psoriasis.

Mild to moderate psoriasis is generally managed with topical treatments, which include emollients and occlusive dressings, keratolytics, corticosteroids, retinoids and vitamin D analogues. More severe and/or extensive psoriasis can be treated with photo(chemo)therapy, acitretin and oral drugs that act on the immune system, such as ciclosporin, methotrexate and hydroxycarbamide. Oral treatments can be given alone or in conjunction with topical therapies.

**The technologies**:
Efalizumab is a T-cell modulator, which is administered by subcutaneous injection. A marketing authorisation for efalizumab was submitted to the European Agency for Evaluation of Medicinal Products (EMEA) in February 2003 with the proposed indication for the treatment of adults with moderate to severe psoriasis.

Etanercept is a recombinant human Tumour Necrosis Factor (TNF) receptor fusion protein, which is administered by subcutaneous injection. Etanercept currently holds a UK marketing authorisation for the treatment of active and progressive psoriatic arthritis in adults when the response to previous disease modifying antirheumatic drug therapy has been inadequate. Phase III trials for the use of etanercept in adults with moderate to severe psoriasis have been completed.

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| **Intervention(s)** | Efalizumab (Raptiva)<br>Etanercept (Enbrel) |
| **A. Efalizumab and etanercept**<br><br>• **Population(s)**<br><br>• **Current standard treatments (comparators)** | <br><br>Adults with moderate to severe psoriasis.<br><br>Acitretin, ciclosporin, hydroxycarbamide, methotrexate, or photo(chemo)therapy. |
| **B. Etanercept only**<br><br>• **Population(s)**<br><br>• **Current standard treatments (comparators)** | <br><br>Adults with active and progressive psoriatic arthritis with inadequate response to previous disease modifying antirheumatic drug therapy.<br><br>The addition of etanercept to other management strategies will be compared to the strategies excluding etanercept. |
| **Other considerations** | The interventions will be appraised according to their existing and anticipated licensed indications.<br><br>Publication of guidance on the use of these interventions in moderate to severe psoriasis is subject to a UK marketing authorisation being issued for one or both of the products in this appraisal.<br><br>Outcomes to be considered include:<br>• effectiveness (for example the Psoriasis Area and Severity Index (PASI), Self Administered Psoriasis Area and Severity Index (SAPASI), Psoriasis Disability Index (PDI) and Psoriatic Arthritis Response Criteria (PsARC))<br>• side effects<br>• patient-centered outcome measures<br>• quality of life<br>• cost-effectiveness.<br><br>If the evidence allows, the appraisal will attempt to identify criteria for selecting patients for whom this treatment would be particularly appropriate.<br><br>It is anticipated that individuals may also be treated with topical therapies; where the evidence permits any resulting confounding factors will be taken into consideration. |

[1] The remit from the Department of Health/Welsh Assembly Government was: "To appraise the clinical and cost effectiveness of alefacept, efalizumab, etanercept and infliximab within

their licensed indications for the treatment of psoriasis; and if the evidence allows to give guidance on the selection of patients for whom treatment would be appropriate."

It is the Institute's current policy not to issue guidance on unlicensed pharmaceuticals. This appraisal therefore only includes those interventions that are anticipated to have marketing authorisation for the treatment of psoriasis prior to the scheduled first meeting of the Appraisal Committee.