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Setting higher medical standards

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Dear Ms Bemrose

Re: Appraisal Consultation Document - Infliximab for the treatment of adults with psoriasis

The Royal College of Physicians is grateful for the opportunity to comment on the above ACD. We would like to make the following comment in response to the requested questions:

1. Do you consider that all of the relevant evidence has been taken into account?

Yes.

2. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?

The Institute has taken into account the relative costs and the possible duration of treatment of infliximab, etanercept and efalizumab and well as the response rate and efficacy of each therapy. The summary that infliximab can be a more effective therapy than either of the two other approved agents has been appropriately recognised.

The cost comparison between infliximab and continuous etanercept has been preliminarily evaluated, but more detailed and perhaps more accurate costings would enable a better assessment.

3. Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?

No. The failure to recommend infliximab as a potential treatment for patients with moderate to severe plaque psoriasis will deny patients with a poor quality of life due to the skin disease an opportunity to experience disease remission. There is good evidence to support the use of infliximab in the management of patients with severe psoriatic skin disease.

The definition of 'moderate to severe psoriasis' as a threshold for treatment with a biologic agent may need to be reviewed if a more expensive treatment is considered. Many patients with a PASI score of 10 plus a DLQI score of 10 may be eligible for treatment with the other biologic agents, etanercept and efalizumab, although may not receive the treatment due to other considerations which include finances. Patients at the more severe end of the spectrum, e.g. PASI 20 or greater, who may have failed with etanercept and/or efalizumab would be deprived of a potentially life-changing therapy if infliximab was given no place in the recommendations for use of biologic agents in the treatment of severe psoriasis.

