

**Consultee and commentator responses to the review proposal consultation of NICE Technology Appraisal Guidance Nos 103/ 134/ 146; on the use of etanercept and efalizumab for the treatment of adults with psoriasis, infliximab for the treatment of psoriasis and adalimumab for the treatment of psoriasis**

<b>Respondent</b>	<b>Response to proposal</b>	<b>Details</b>	<b>Comment from Technology Appraisal</b>
Abbott Laboratories (adalimumab)	No comment	Abbott is unaware of any new evidence pertaining to adalimumab that warrants the review of the above appraisals.	Comments noted
British Association of Dermatologists (BAD)	Agree	<p>The BAD feels that a Mixed Technology Appraisal of all biologic agents for psoriasis would be appropriate and helpful. However we are in agreement with the proposal to defer this until 2010 for the following reasons:</p> <ol style="list-style-type: none"> <li>1. Deferring the appraisal is likely to increase the evidence base for the appraisal</li> <li>2. The BAD guideline on the use of biologics is currently being updated and is due to be published in 2009.</li> <li>3. Long term therapy is important for a chronic disease and longer term data on safety and efficacy is increasingly becoming available.</li> <li>4. Such an appraisal could take account of how the biologics have been used in clinical practice and experience from switching agents when one is not effective may be very useful in informing the preferred order.</li> <li>5. Having access to a choice of different agents is considered very important as there is no means as yet of predicting response to different agents. In the longer term genetic tests may predict disease response and allow a better targeting of the right therapy to the right patient.</li> </ol> <p>There are new agents and studies on the horizon and it would be best to wait for them. These include ustekinumab (which has a different mode of action) and active comparator</p>	Comments noted

		studies which should help inform practice.	
British Dermatological Nursing Group	Agree	We, as an organisation, are not aware of any new significant evidence to warrant a review at this stage.	Comment noted
British National Formulary	No comment	BNF has no additional evidence to add to the above proposal.	Comment noted
MerckSerono (efalizumab)	Disagree	<p>[REDACTED]</p> <p>In summary MerckSerono have three main reasons for wanting the guidance to be updated now:</p> <ol style="list-style-type: none"> <li>1. They have new 3-year efalizumab efficacy and safety data that should be considered by the Appraisal Committee.</li> <li>2. They are concerned that the use of etanercept in clinical practise differing from the licence, in that the 3.2, 12 week cycles of low dose etanercept as modelled in TA103 is now incorrect as evidenced in the patient notes review.</li> <li>3. They have developed a patient access scheme for efalizumab that has been discussed in principle with the Department of Health and should be considered by the Appraisal Committee.</li> </ol>	<p>Although there is no new clinical evidence, clinical practice suggests continuous etanercept is now standard care. Therefore, to maintain consistency in decision making a review of efalizumab could be considered.</p> <p>We expect trial evidence for sequential use to be available in 2010 that will provide conclusive evidence on whether it is appropriate to give anti-TNFs sequentially.</p> <p>An STA is currently in development on ustekinumab that could have a major impact on the MTA (expected September 2009).</p>
NHS Quality Improvement Scotland	No comment		Comment noted
Primary Care Dermatology Society	No objection	I think it is a therapy we will not actually be prescribing in primary care.	Comment noted
Psoriasis and Psoriatic Arthritis Alliance	Agree		Comment noted
Psoriasis Association	Agree	The Association is concerned to have clarity about the use of all available brands in this new class of drugs for psoriasis. To date there has been one Multiple Technology Appraisal and	Comment noted

		<p>two Single Technology Appraisals with a further STA to come. We had initial concerns about a delay in the review process and the impact this could have on patient and clinician choice about the most appropriate treatment option.</p> <p>However, we appreciate that with one further STA to come, increasing evidence about longer term efficacy of all the drugs and an ongoing review of BAD guidelines a short delay in the MTA could, in the end, be helpful to patients.</p>	
Research Institute for the Care of Older People	No comment		Comment noted
Royal College of Nursing	No comment		Comment noted
Royal College of Physicians	Agree	The Royal College of Physicians wishes to support the comments submitted by the BAD.	Comment noted
Schering-Plough (infliximab)	Agree	In our view the proposal to defer a review of TAs 103/134 and 146 is appropriate.	Comment noted
Wyeth Pharmaceuticals (etanercept)	Agree		Comment noted

**No response received from:**

<b>Consultees</b>		<b>Commentators (no right to submit or appeal)</b>
<p><u>Patient/carer groups</u></p> <ul style="list-style-type: none"> <li>• Afiya Trust</li> <li>• Age Concern England</li> <li>• Black Health Agency</li> <li>• British Ethnic Health Awareness Foundation</li> <li>• Changing Faces</li> <li>• Chinese National Healthy Living Centre</li> <li>• Confederation of Indian Organisations</li> <li>• Counsel and Care</li> <li>• Equalities National Council</li> <li>• Help the Aged</li> <li>• Muslim Council of Great Britain</li> <li>• Muslim Health Network</li> <li>• Skin Care Campaign</li> <li>• South Asian Health</li> </ul>	<ul style="list-style-type: none"> <li>• British Skin Foundation</li> <li>• Community Practitioners and Health Visitors Association</li> <li>• Royal College of General Practitioners</li> <li>• Royal Pharmaceutical Society</li> <li>• Royal Society of Medicine – Intellectual Disabilities Forum</li> <li>• United Kingdom Clinical Pharmacy Association</li> </ul> <p><u>Others</u></p> <ul style="list-style-type: none"> <li>• Calderdale</li> <li>• Denbighshire LHB</li> <li>• Department of Health</li> <li>• Welsh Assembly Government</li> </ul>	<p><u>General</u></p> <ul style="list-style-type: none"> <li>• Age Concern Cymru</li> <li>• Board of Community Health Councils in Wales</li> <li>• Department of Health, Social Services and Public Safety for Northern Ireland</li> <li>• Medicines and Healthcare products Regulatory Agency</li> <li>• National Association of Primary Care</li> <li>• National Public Health Service for Wales</li> <li>• NHS Alliance</li> <li>• NHS Confederation</li> <li>• NHS Purchasing and Supply Agency</li> <li>• Scottish Medicines Consortium</li> </ul> <p><u>Possible comparator manufacturer(s)</u></p>

<b>Consultees</b>		<b>Commentators (no right to submit or appeal)</b>
<p>Foundation</p> <ul style="list-style-type: none"> <li>• Specialised Healthcare Alliance</li> </ul> <p><u>Professional groups</u></p> <ul style="list-style-type: none"> <li>• British Association for Services to the Elderly</li> <li>• British Geriatric Society</li> </ul>		<ul style="list-style-type: none"> <li>• Janssen-Cilag (ustekinumab)</li> <li>• Isotechnika (voclosporin)</li> <li>• Biogen (alefacept)</li> </ul> <p><u>Relevant research groups</u></p> <ul style="list-style-type: none"> <li>• Cochrane Skin Group, Centre of Evidence-based Dermatology, University of Nottingham</li> <li>• MRC Clinical Trials Unit</li> <li>• Policy Research Institute on Ageing and Ethnicity</li> <li>• Skin Research Centre</li> <li>• Skin Treatment and Research Trust</li> <li>• The British Epidermo-Epidemiology Society</li> </ul>