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Lori Farrar
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Dear Lori

Re: ACD for golimumab for the treatment of psoriatic arthritis

Thank you for the opportunity to comment on the above appraisal document.

As an organisation that represents people affected by psoriasis and psoriatic arthritis, we always welcome the development of new therapies for these conditions, and the subsequent availability within the NHS, but only if the evidence is robust and the risk benefit profile is justifiable. We are also mindful that the cost of treatments to the NHS must also be considered.

In our original submission we could only identify the manufacturers GO-REVEAL study, which forms the efficacy evidence, so therefore believe that there isn't any other evidence which could have been used.

It is a concern to us that given the length of availability of other similar agents and subsequent NICE approval, the manufacturer has not considered head–to-head trials with etanercept and therefore has made it difficult to rank the treatment. There also appears to have been some difficulty in gaining indirect comparative data, which again, is a disappointment.

From a patient perspective, when given choice of treatment, it would-be useful if trials were reflective of the eventual clinical scenario, and therefore designed to meet the eventual need.

The Charity for people with psoriasis and psoriatic arthritis

PSORIASIS SUPPORT TRUST
Managing Psoriasis More Effectively

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Psoriasis Support Trust and the Psoriatic Arthropathy Alliance
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PAA

Making a decision on which course of treatment to take for a chronic disease is never easy, but if the evidence is poor and long-term safety profiles are unknown, the choice is even harder, and unsatisfactory to both patient and family, as adverse outcomes might effect quality of life.

Based on the ACD the cost of each drug, including the agents which are already available appear similar in price and have relative effectiveness, if golimumab was available and based on the cost indicated it would be ranked behind existing agents and the likelihood of it being used might be low, so impact on budgets might also be low.

If data was able to help identify which patient is more likely to benefit from the use of any of the agents, although the cost, might be higher relative benefit or lack of benefit might make the treatment more cost effective, as it would be known which treatments will not work.

If further research was carried out to ascertain such knowledge then this might make patients more likely to be prescribed a particular agent without the subsequent need to fail.

Looking at the submissions from the clinical experts, it is concerning to see reported that psoriasis was triggered or exacerbated in people given anti-TNF drugs, which would need to be a consideration in prescribing as this if severe, could impact adverse event utility costs.

There doesn’t appear to be any discrimination issues that have not been considered.

Yours sincerely

[redacted]