

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC 44**

**Sequential use of a third or subsequent biologic therapy for psoriasis**

**Recommendation made by the Priorities Committee:**

July 2016/ Updated January 2019<sup>1</sup>

**Date of issue:**

**June 2019**

Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE guidance for the sequential use of a third or subsequent biologic therapy for psoriasis. The Committee supports the use of biologics as per NICE Clinical Guidelines and Technology Appraisals.<sup>2,3,4,5,6,7,8, 9,10</sup> Where appropriate, a biosimilar product should be used in preference to the originator brand.

NICE recommends changing to a second biologic drug if:

- the psoriasis does not respond adequately to a first biological drug as defined in NICE technology appraisals (at 10 weeks after starting treatment for infliximab, 12 weeks for etanercept, ixekizumab and brodalumab and 16 weeks for adalimumab, ustekinumab and guselkumab; primary failure) or
- the psoriasis initially responds adequately but subsequently loses this response, (secondary failure) or
- the first biological drug cannot be tolerated or becomes contraindicated.

For adults in whom there is an inadequate response to a second biological drug, seek supra-specialist advice from a clinician with expertise in biological drugs.

NICE technology appraisals (TAG) do not cover the sequential use of biologics.

Due to the lack of evidence of clinical and cost effectiveness to support switching to a third or subsequent biologic therapy, the use of a third biologic is only supported following recommendation by a consultant dermatologist with expertise in biological drugs when there is inadequate response to a second biologic drug or the second biologic drug cannot be tolerated or becomes contraindicated, and prescribing is in line with NICE TAGs.

Sequential use of a fourth and subsequent biologic therapy is **not normally funded**.

Note that this policy will also apply to all biologic therapies recommended by NICE TAGs for psoriasis that are published post January 2019.

<sup>1</sup> New NICE TAGs and wording on biosimilar products and future NICE TAGs have been added; no further changes have been made.

<sup>2</sup> <https://www.nice.org.uk/guidance/cg153>

<sup>3</sup> <https://www.nice.org.uk/guidance/ta350>

<sup>4</sup> <https://www.nice.org.uk/guidance/ta180>

<sup>5</sup> <https://www.nice.org.uk/guidance/ta146>

<sup>6</sup> <https://www.nice.org.uk/guidance/ta134>

<sup>7</sup> <https://www.nice.org.uk/guidance/ta103>

<sup>8</sup> <https://www.nice.org.uk/guidance/ta442>

<sup>9</sup> <https://www.nice.org.uk/guidance/ta511>

<sup>10</sup> <https://www.nice.org.uk/guidance/ta521>

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>