Berkshire West Clinical Commissioning Group

Procedure funded subject to Audit

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 and May 2019[1]**
Date of issue:	**October 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. [2,3,4,5,6,7,8,9,10,11,12] Where appropriate, a biosimilar product should be used in preference to the originator brand. When a biosimilar is used first-line but a switch to the originator drug is required, this will **not** be considered to be a second biologic.

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, 16 weeks for adalimumab, ustekinumab, guselkumab and certolizumab pegol and between 12 and 28 weeks for tildrakizumab; 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.

When a change from a first-line drug is required **only** due to a documented local injection site reaction, this will **not** be considered to be a second biologic.

[1] New NICE TAGs and wording on biosimilar products, injection site reactions, fourth line biologics and future NICE TAGs have been added.

[2] https://www.nice.org.uk/guidance/cg153

[3] https://www.nice.org.uk/guidance/ta350

[4] https://www.nice.org.uk/guidance/ta180

[5] https://www.nice.org.uk/guidance/ta146

[6] https://www.nice.org.uk/guidance/ta134

[7] https://www.nice.org.uk/guidance/ta103

[8] https://www.nice.org.uk/guidance/ta442

[9] https://www.nice.org.uk/guidance/ta511

[10] https://www.nice.org.uk/guidance/ta521

[11] https://www.nice.org.uk/guidance/ta574

[12] https://www.nice.org.uk/guidance/ta575

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 except**

- A change to an fourth agent with a mode of action **which has not been used before** e.g. a drug targeting IL-17a (ixekizumab, secukinumab, broadalumab) or IL-23 (guselkumab, tildrakizumab). A change to a drug with a mode of action which has been used before will **not normally be funded**.

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

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.cscsu.nhs.uk/