Kent and Medway Policy Recommendation and Guidance Committee PR 2014-01: Certolizumab pegol for psoriatic arthritis

Recommendation

The EKPG agreed the PRGC recommendation, that Certolizumab is commissioned as an additional option to the currently available TNF alpha inhibitors recommended by NICE for the treatment of PA in patients who meet the relevant criteria set out in the Kent and Medway treatment pathway for PA.

Approved by: East Kent Prescribing Group *(Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)*
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Kent and Medway Policy Recommendation and Guidance Committee (PRGC)

PRGC endorsed clinical network recommendation (NR)

Recommendation: **NR 2014-01: Certolizumab pegol for psoriatic arthritis***

Issue date: **September 2014**

Review date: **September 2017**

***This topic was not considered according to the HCiAG process; instead the case for recommending certolizumab for psoriatic arthritis was put forward for the consideration of the PRGC by the Kent and Medway Rheumatology Network Group**

Recommendation:

The Kent and Medway PRGC considered the clinical evidence, views and opinions of local experts and estimated cost impact. All decisions were made with reference to the Ethical Framework. Taking these into account the PRGC recommended that:

- Certolizumab[1] is commissioned as an additional option to the currently available TNF alpha inhibitors recommended by NICE for the treatment of PsA in patients who meet the relevant criteria set out in the Kent and Medway treatment pathway for PsA

This recommendation will be reviewed in light of new evidence or national guidance.

Commissioners in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

[1]Certolizumab is a National Tariff excluded drug.

Supporting documents

- Health Care Intervention Appraisal and Guidance (HCiAG) team (2014) Briefing note – Certolizumab pegol for psoriatic arthritis (PsA).

Key findings and rationale

What is psoriatic arthritis (PsA) and how is it treated?
PsA is an inflammatory arthritis closely associated with psoriasis. In 2011, it was estimated that 56,100–168,200 people in England and Wales had PsA. Although PsA is a chronic progressive condition, its course may be erratic, with flare-ups and remissions.

Current practice involves early diagnosis and early use of disease modifying anti-rheumatic drugs (DMARDs) to minimise damage to joints. Non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy and intra-articular corticosteroid injections are sometimes also used. In addition, tumour necrosis factor (TNF) alpha inhibitors can be used for treating active and progressive PsA in certain circumstances.

What is certolizumab pegol?
Certolizumab pegol is a TNF alpha inhibitor (Cimzia, UCB Pharma Limited). In November 2013 the marketing authorisation for certolizumab was extended to include treatment of active PsA in adults, in combination with methotrexate (MTX) when the response to previous DMARD therapy has been inadequate. It was also licensed for monotherapy in case of intolerance to MTX or when continued treatment with MTX is inappropriate (see SPC for more information).

What does national guidance say?

- NICE technology appraisals (TA199; TA220) recommend the TNF alpha inhibitors etanercept, infliximab, adalimumab and golimumab for adults with active and progressive PsA when they have peripheral arthritis with ≥3 tender joints and ≥3 swollen joints, and their PsA has not responded to at least 2 standard DMARDs, given on their own or together. Neither of these technology appraisals address the question of switching or sequential use of biologic agents.
- An evidence summary on certolizumab for PsA (ESNM42) was published by NICE in June 2014 but this does not constitute formal NICE guidance; certolizumab for PsA was not considered appropriate for a NICE technology appraisal and is not currently planned into any other work programme.

What is the evidence base for certolizumab in PsA?
In a 24-week randomised controlled trial (N = 409), certolizumab pegol showed efficacy benefits versus placebo on the signs and symptoms of PsA from both joints and skin. The most common infectious adverse events were nasopharyngitis and upper respiratory tract infection.

There are no head-to-head trials comparing certolizumab with other TNF alpha inhibitors for treating PsA, so it is not possible to draw conclusions on their relative advantages.

What is the comparative cost of certolizumab?
The manufacturer has agreed to extend the patient access scheme (PAS) for certolizumab in rheumatoid arthritis to all other indications. Under the PAS, the first 12 weeks of treatment with certolizumab are free of charge to the NHS. Therefore, the cost of treatment for the first year including the starting dose (400 mg [given as 2 subcutaneous injections of 200 mg each] at weeks 0, 2 and 4) would be £6,792.50 excluding VAT. The subsequent annual cost would be £9,295.00 excluding VAT, similar to the annual maintenance costs of other TNF alpha inhibitors (Table 1).

Table 1 – Costs of alternative treatments

Drug	Usual adult maintenance dose for PsA[1]	Annual cost excluding VAT[2]
Adalimumab	40mg every other week as a single dose by subcutaneous (sc) injection	£9,156
Etanercept	25mg twice weekly, or 50 mg once weekly by sc injection	£9,295
Golimumab	50mg once monthly by sc injection	£9,156
Infliximab	5mg/kg every 8 weeks given as IV infusion	£10,910[3] (75kg adult)

[1]Doses taken from the relevant SPCs. The doses shown do not represent the full range that can be used and they do not imply therapeutic equivalence.
[2]Costs taken from MIMS May 2014. Costs are given excluding VAT.
[3]A starting dose of 5 mg/kg given as an intravenous infusion at weeks 0, 2 and 6 is required. The cost of this loading dose for a 75 kg adult would be £5,035.44. The cost per subsequent year of maintenance treatment (£10,910.12) is based on an average of 6.5 doses per year, as used in TA199.