

**Kent and Medway Policy Recommendation and Guidance Committee
Policy Recommendation**

Policy:	PR 2014-12: Weight based dosing of biological therapies for the treatment of psoriasis
Issue date:	December 2014
Review date:	December 2017
<p>Recommendation:</p> <p>The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered the baseline position, clinical evidence, national guidelines and information on local policies. All decisions were made with reference to the Ethical Framework. Taking these into account the PRGC recommended that:</p> <ul style="list-style-type: none"> • Dose escalation of a biological therapy for the treatment of psoriasis is not funded within the local NHS • Patients with psoriasis should continue to be treated with biological therapies according to the locally agreed pathway, which was developed in accordance with relevant NICE technology appraisal guidance <p>This policy recommendation will be reviewed in light of new evidence or national guidance.</p> <p>Commissioners in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.</p>	

Supporting documents

- Health Care Intervention Appraisal and Guidance (HCiAG) team (2014) *Briefing note – Weight based dosing of biological therapies for the treatment of psoriasis.*

Key findings and rationale

Why was this topic identified for review?

A significant proportion of patients with psoriasis are overweight or obese – higher than the proportion of overweight and obese individuals in the general population. There is concern that standard dosing of biological agents may not be sufficient in some overweight and obese patients with psoriasis.

What is psoriasis?

Psoriasis is an inflammatory skin condition that typically follows a relapsing and remitting course. Plaque psoriasis – the most common form of the condition (accounting for 90% of all people with psoriasis) – is characterised by well-delineated red, scaly plaques that vary in extent from a few patches to generalised involvement. Psoriasis for many people results in profound functional, psychological, and social morbidity. First-line treatments include topical therapies; second-line: phototherapies and systemic non-biological agents; third-line: systemic biological therapies.

What is the prevalence of psoriasis?

The UK prevalence of psoriasis is 1.3–2.2%, of whom 1.1–5% require treatment with a biological agent. According to prescribing data, there are currently 209 patients in Kent and Medway receiving biological therapy for the treatment of psoriasis, of whom 87 would be obese (if literature values on obesity in psoriasis are applied).

What does NICE guidance say?

NICE technology appraisal guidance and [clinical guideline 153](#) recommend adalimumab ([TA146](#)), etanercept ([TA103](#)), infliximab ([TA134](#)), and ustekinumab ([TA180](#)) as treatment options for adults with plaque psoriasis provided certain criteria are met. NICE guidance also provides recommendations on when treatment should be discontinued in people whose psoriasis has not responded adequately. NICE guidance does not specifically address the question of weight based dosing of biological therapies.

Dose escalation is outside of the terms of the product licenses of biological therapies for psoriasis with the exception of etanercept at a dose of 50mg twice a week for 12 weeks which NICE concluded to be not cost-effective ([TA103](#)).

What does the evidence say?

There is no good quality evidence on escalating dosing of biological agents for overweight/obese patients. The available evidence is limited to a small number of studies with variable results. There are no evidence based guidelines from professional societies on escalating dosing for overweight/obese patients.

Around 25–35% of participants enrolled on the pivotal clinical trials assessing biological therapies for psoriasis at the licensed doses weighed >100kg.

There is some evidence that weight loss in obese patients on biological therapies may increase the efficacy of the drug. It may be reasonable to consider referring patients with psoriasis who are obese and not responding adequately to NICE recommended biological therapies to a weight loss programme.

What would be the impact of increased dosing of biological therapies?

Assuming 50–100% of the estimated 87 overweight/obese patients in Kent and Medway were treated with an escalated dose and then returned to a standard dose, the incremental cost is estimated to be £112k to £224k. There is very limited evidence on whether responses to elevated doses are maintained upon return to standard doses; instead elevated doses may need to be maintained indefinitely, which would have additional financial implications.

Even if escalated dosing of biological agents were to lead to more successful clinical outcomes for some patients, it is unclear whether the increased costs associated with escalated dosing of biological therapies would be offset (and to what extent) by potential reductions in hospital admissions or other healthcare expenditures.