Northern Treatment Advisory Group

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	8th September 2015
Appraisal & Details	**Certolizumab pegol (Cimzia®, UCB Pharma) for the treatment of Psoriatic Arthritis (PsA).** The Northern (NHS) Treatment Advisory Group considered an appraisal of the TNF inhibitor certolizumab pegol, in combination with methotrexate, for the treatment of psoriatic arthritis in adults who have had an inadequate response to previous disease-modifying anti-rheumatic drug therapy.
Recommendation	**The Northern (NHS) Treatment Advisory Group recommends the use of certolizumab pegol as an option in those patients who fulfil NICE criteria for use of TNF Inhibitor therapy in psoriatic arthritis.** **However other more established, NICE approved treatment options would remain first line choices in this patient group.** Clinical trial data showed that certolizumab was more effective than placebo for the outcome of American College of Rheumatology (ACR) 20% improvement in psoriatic arthritis at both 12 weeks and 24 weeks. There are no active comparator trials.
Clinical evidence summary	Efficacy was assessed in a randomised double-blind phase III RAPID-PsA trial, which lasted 216 weeks. Certolizumab pegol was found to be more effective than placebo for the treatment of PsA in the RAPID-PsA clinical trial. Certolizumab was also more likely to produce 50% and 70% improvements in psoriatic arthritis than placebo. Certolizumab was associated with less radiographic progression of joint damage than placebo, but the clinical importance of the difference observed is not clear. It was also associated with less lost productivity in both paid and household work, and in leisure activities. This effect was more pronounced with the 200 mg every two weeks regimen rather than with 400 mg every 4 weeks.
Safety	Adverse events (AEs) were common in all treatment groups, and most were mild to moderate in severity. No new safety concerns were identified, and AE profile was similar to that established in trials of certolizumab pegol for treatment of rheumatoid arthritis. The most common AEs were minor infections such as nasopharyngitis and upper respiratory tract infection. A network meta-analysis conducted by the Cochrane Collaboration included an indirect comparison of the biologics. Certolizumab was the only included biologic with significantly more serious adverse events than the control group, however these findings are derived from indirect comparisons between trials which had important differences; they should be interpreted with caution.
Patient Perspective	Severe psoriatic arthritis can lead to permanent disability. Employment can be affected and patients may worry about caring for young children. The psychological impact of living with psoriatic arthritis should not be underestimated. Many patients do not respond to current treatments. Certolizumab would provide an alternative choice for these patients. It is

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	administered as an injection rather than infusion. Patients may however be concerned about a lack of long-term safety data and a lack of comparison with current treatments and cost.
Cost analysis summary	NICE guidance recommends that treatment should normally be started with the least expensive drug (taking into account administration costs, required dose and product price per dose), and this may need to be varied for individual patients because of differences in the method of administration and treatment schedules. The annual cost per patients for certolizumab is comparable to the other subcutaneously-administered biologics for PsA. Recently-launched biosimilar preparations of infliximab have a lower acquisition cost than the subcutaneous drugs, but must be administered by intravenous infusion. Regional procurement discounts may be available for this group of drugs.
Financial Impact **PbR: excluded**	Whilst patient numbers are difficult to predict, the financial impact of the use of certolizumab is likely to be similar to current costs. Use would be instead of another TNF inhibitor and should therefore be cost neutral.