Targeted Immunomodulators for the Treatment of Moderate- to-Severe Plaque Psoriasis: Effectiveness and Value

Condition Update

Questions for Deliberation and Voting:

July 12, 2018 Public Meeting

These questions are intended for the deliberation of the New England CEPAC voting body at the public meeting.

Patient Population for all questions: Patients with moderate-to-severe plaque psoriasis for whom treatment with topical therapies, older systemic therapies, and/or phototherapy has been ineffective, contraindicated, or not tolerated.

Clinical Evidence

1) Is the evidence adequate to demonstrate that the net health benefit of certolizumab pegol is superior to that provided by the other subcutaneous TNFα inhibitors (adalimumab and etanercept)?

Yes No

2) Is the evidence adequate to demonstrate that the net health benefit of guselkumab is superior to that provided by all subcutaneous TNFα inhibitors (adalimumab, etanercept, and certolizumab pegol)?

Yes No

3) Is the evidence adequate to demonstrate that the net health benefit of risankizumab is superior to that provided by all subcutaneous TNFα inhibitors (adalimumab, etanercept, and certolizumab pegol)?

Yes No

4) Is the evidence adequate to demonstrate that the net health benefit of tildrakizumab is superior to that provided by all subcutaneous TNFα inhibitors (adalimumab, etanercept, and certolizumab pegol)?

Yes No
Contextual Considerations/Other Benefits

5) When compared to non-targeted therapy, do newer treatments for moderate-severe plaque psoriasis offer one or more of the following “other benefits”? (select all that apply)

   a. This intervention offers reduced complexity that will significantly improve patient outcomes.
   b. This intervention will reduce important health disparities across racial, ethnic, gender, socioeconomic, or regional categories.
   c. This intervention will significantly reduce caregiver or broader family burden.
   d. This intervention offers a novel mechanism of action or approach that will allow successful treatment of many patients for whom other available treatments have failed.
   e. This intervention will have a significant impact on improving patients’ ability to return to work and/or their overall productivity.
   f. There are other important benefits or disadvantages that should have an important role in judgments of the value of this intervention: ________________

6) Are any of the following contextual consideration important in assessing long-term value for money for the newer targeted immunomodulators? (select all that apply)

   a. This intervention is intended for the care of individuals with a condition of particularly high severity in terms of impact on length of life and/or quality of life.
   b. This intervention is intended for the care of individuals with a condition that represents a particularly high lifetime burden of illness.
   c. This intervention is the first to offer any improvement for patients with this condition.
   d. Compared to non-targeted therapies, there is significant uncertainty about the long-term risk of serious side effects of this intervention.
   e. Compared to non-targeted therapies, there is significant uncertainty about the magnitude or durability of the long-term benefits of this intervention.
   f. There are additional contextual considerations that should have an important role in judgments of the value of this intervention: ________________________.
Long-term Value for Money

7) Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering other benefits and contextual considerations, what is the long-term value for money of **guselkumab compared with non-targeted therapy**?

   Low           Intermediate           High

8) Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering other benefits and contextual considerations, what is the long-term value for money of **certolizumab pegol compared with non-targeted therapy**?

   Low           Intermediate           High