

Apremilast FOI Request 036

Response from Both Sites

Please see the below Freedom of Information request:

1. Please detail the number of patients currently prescribed apremilast with a current primary diagnosis of: a) Psoriasis b) Psoriatic Arthritis?

Psoriasis	Psoriatic Arthritis
Not Known	

2. Of the patients prescribed apremilast in the last 12 months for Psoriasis and Psoriatic Arthritis, what number of patients received treatment with targeted small molecules or biologic therapies* prior to beginning treatment with apremilast? (*See annex 1 for a list of small molecule/biologic therapies)

Psoriasis	Psoriatic Arthritis
0	

3. How many small molecule- and/or biologic-naïve patients in the Trust are currently receiving a conventional **non-biologic** systemic therapy for Psoriasis or a conventional **non-biologic** disease-modifying anti-rheumatic drug (DMARD) for Psoriatic Arthritis? (e.g. methotrexate)

Therapy	No. of patients receiving the specified therapy	
	Psoriasis	Psoriatic Arthritis
Systemic therapies	Unknown	
Disease-modifying anti-rheumatic drugs (DMARDs)		

4. Is CCG prior-approval required for the prescribing of apremilast? Y/N. If Yes, please tick the system you use: **Blueteq** Other .

5. If other, what system do you use? **None**

6. Is apremilast listed individually or grouped with biologic therapies on the prior-approval form for Psoriasis and Psoriatic Arthritis?

Psoriasis: Individually grouped **Psoriatic Arthritis:** Individually grouped .

7. Please provide the wording used on the CCG's prior-approval form for the prescribing of apremilast.

	Psoriasis	Psoriatic Arthritis
Please provide the wording used on the CCG's prior-approval form for the prescribing of apremilast	<p>The disease is severe as defined by a total PASI of 10 or more and a DLQI of more than 10.</p> <p>The psoriasis has failed to respond to standard systemic therapies including ciclosporin, methotrexate, and PUVA (psoralen and long-wave ultraviolet radiation), or the person is intolerant to or has a contraindication to these treatments.</p> <p>Please confirm that when using the DLQI, the patient's disabilities, such as physical impairments or linguistic or other communication difficulties, in reaching conclusions on the severity of plaque psoriasis has been taken into account.</p> <p>Please confirm that the manufacturer will provide apremilast with the discount agreed in the patient access scheme</p>	<p>Patient has severe active and progressive psoriatic arthritis and meets all of the following criteria:</p> <ul style="list-style-type: none"> • Patient has peripheral arthritis with <ul style="list-style-type: none"> o Three or more tender joints, please provide number of tender joints: o Three or more swollen joints please provide number of swollen joints: <p>Please provide patient's baseline PsARC* scores:</p> <p>Patient has not responded to at least two disease-modifying anti-rheumatic drugs administered either individually or in combination.</p> <p>Please confirm that when using the PsARC that any physical, sensory or learning disabilities or communication difficulties of the patient have been taken into account and any necessary adjustments have been made.</p> <p>Please confirm that the company provides Apremilast with the discount agreed in the patient access scheme.</p>

Kind Regards

FOI Team

Document number: GB-OTZ-0720-00007

Date of preparation: July 2020

This research is being conducted on behalf of a pharmaceutical company