



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 TNF α 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 TNF α 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 TNF α 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 TNF α 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