Ixekizumab for moderate to severe chronic plaque psoriasis
NIHR HSRIC

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

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Authors' objectives
Ixekizumab is intended for the treatment of moderate to severe chronic plaque psoriasis in adults who are candidates for systemic therapy. If licensed, ixekizumab will offer an additional treatment option for this patient group. Treatment with ixekizumab may result in some patients achieving near/full clearance of psoriasis symptoms. Ixekizumab is a humanised immunoglobulin G subclass 4 (IgG4) monoclonal antibody that neutralises interleukin-17A (IL-17), which is a key T cell-derived cytokine involved in inducing and mediating inflammation. It does not currently have Marketing Authorisation in the EU for any indication. The prevalence of psoriasis in England is estimated to be around 1.63%, equating to around 900,000 people with the condition. Plaque psoriasis accounts for around 90% of cases and approximately 20% have moderate to severe psoriasis (15% moderate, 5% severe). The estimated prevalence of people currently eligible for biological therapy in England is 3% of those with psoriasis, equating to around 27,000 people. However, because of the nature of the condition, not all patients eligible for biologic treatments will currently be identified and/or treated with these agents. In 2013-14, there were 1,454 hospital admissions in England as a result of psoriasis vulgaris, equating to 1,537 finished consultant episodes and 3,912 bed days. Thirty deaths from psoriasis were registered in England and Wales during 2013. Treatment options for psoriasis aim to reduce symptoms and improve patient quality of life. Topical treatments are usually offered as first line therapy, followed by phototherapy and/or systemic therapies as second line treatment, and biological therapies as third line treatment regimes. Ixekizumab is currently in three phase III clinical trials comparing its effect on the Psoriasis Area Severity Index (PASI) against treatment with etanercept and placebo. These trials are expected to be completed by 2019.

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