

From the Chief Medical Officer  
**Dr Michael McBride**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

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**Circular HSC (SQSD) (NICE) 31/08 TA 134**

Chief Executives of HSS Boards – **for distribution to:**

Directors of Public Health  
Directors of Nursing  
Directors of Pharmaceutical Services  
Directors of Primary Care – for cascade to prescribing and GP  
Advisors

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Directors of Pharmaceutical Services – for cascade to relevant  
staff

Date: 3 July 2008

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

### **For Information**

Chairs of HSS Boards  
Chairs of HSC Trusts  
Chief Executive, Regulation & Quality Improvement Authority  
Chief Officers HSC Councils  
Chief Executive/Postgraduate Dean, NIMDTA  
Chief Executive, NIPPET  
Chief Executive, NIPEC  
Chief Executive, RMSC

Dear Colleagues

## **Technology Appraisal No 134 – Infliximab for the Treatment of Adults with Psoriasis**

Infliximab, within its licensed indications, is recommended as a treatment option for adults with plaque psoriasis only when the following criteria are met:

- The disease is very severe as defined by a total Psoriasis Area Severity Index (PASI) of 20 or more **and** a Dermatology Life Quality Index (DLQI) of more than 18.
- The psoriasis has failed to respond to standard systemic therapies such as ciclosporin, methotrexate **or** psoralen and long-wave ultraviolet radiation (PUVA), **or** the person is intolerant to or has a contraindication to these treatments.

Infliximab treatment should be continued beyond 10 weeks only in people whose psoriasis has shown an adequate response to treatment within 10 weeks. An adequate response is defined as either:

- A 75% reduction in the PASI score from when treatment started (PASI %) **or** A 50% reduction in the PASI score (PASI 50) and a five-point reduction in the DLQI from when the treatment started

When using the DLQI healthcare professionals should take care to ensure that they take account of a patient's disabilities or linguistic or other communication difficulties in reaching conclusions on the severity of plaque psoriasis.

Infliximab is contraindicated in people with moderate or severe heart failure and active infections

Before treatment is initiated, people must be screened for both active and inactive tuberculosis.

DHSSPS advises that this appraisal guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE technology appraisal is available for download at:

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11910>

NICE has published related guidance on the treatment of psoriasis (NICE TA103) available for download at: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11580>

The HSC sector also should note that;

1. The Department expects HSC organisations to put plans in place within 3 months of the date of issue of this e-mail alert to facilitate the implementation of this guidance.
2. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.
3. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11910> and include costing tools, implementation advice and audit criteria to monitor local practice.

All NICE guidance endorsed by the Department to date can be accessed on the DHSSPS website at <http://www.dhsspsni.gov.uk/sqsd-guidance-nice-guidance>

Circular HSS (PPMD) (NICE)01/006 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:  
[http://www.dhsspsni.gov.uk/nice\\_guidance\\_01-06.pdf](http://www.dhsspsni.gov.uk/nice_guidance_01-06.pdf)

A handwritten signature in black ink, appearing to read "Michael McBride". The signature is fluid and cursive, with a large initial 'M' and 'B'.

**DR MICHAEL MCBRIDE**  
**Chief Medical Officer**