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N&WICS - TA574 - Certolizumab Pegol - Moderate to severe plaque psoriasis

Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate explicit consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given: ☐

If there is more than one NICE-approved treatment available, a discussion between the responsible clinician and the patient has taken place about the advantages and disadvantages of the treatments available. This has taken into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. The most appropriate, least expensive, will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. ☐

Patient NHS No:	Trust:	Practice Name:
Patient Hospital No: <input type="text"/>	Consultant Making Request: <input type="text"/>	Practice Postcode:
Patient's Initials and DoB:		Practice Code:
Notification Email Address: <input type="text"/> (@NHS.net account ONLY)		Contact name & number: <input type="text"/>
Start date of requested treatment: <input type="text"/>	Provider: <input type="checkbox"/> Private <input type="checkbox"/> NHS Supplier: <input type="checkbox"/> Homecare <input type="checkbox"/> Hospital	Sub-Type: <input type="text"/> N/A <input type="button" value="v"/> (if applicable)

By completing this form, you confirm that you intend to use the requested medicinal product described below as agreed in the local commissioning statement. Any requests which fall outside of this use will require an individual funding request (IFR).

For support regarding IFRs, please contact: norfolkicd@nhs.net

For support regarding the criteria listed below, please contact: norfolknontariff@nhs.net

Please indicate whether patient meets the following NICE criteria:	Please tick
1. Certolizumab pegol is recommended as an option for treating plaque psoriasis in adults, only if: <ul style="list-style-type: none"> the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and the lowest maintenance dosage of certolizumab pegol is used (200 mg every 2 weeks) after the loading dosage and the company provides the drug according to the commercial arrangement. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Stop certolizumab pegol at 16 weeks if the psoriasis has not responded adequately. An adequate response is defined as: <ul style="list-style-type: none"> a 75% reduction in the PASI score (PASI 75) from when treatment started or a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from when treatment started. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If patients and their clinicians consider certolizumab pegol to be one of a range of suitable treatments, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When using the PASI, healthcare professionals should take into account skin colour and how this could affect the PASI score, and make the clinical adjustments they consider appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. When using the DLQI, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any adjustments they consider appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that the patient meets the criteria for treatment	

Name of person completing:	<input type="text"/>	Contact Details:	<input type="text"/>
Designation of person completing:	<input type="text"/>	Date:	<input type="text"/>
Trust Authorising Pharmacist			
Name: <input type="text"/>			
Date: <input type="text"/>			