

Risankizumab for the treatment of severe chronic plaque psoriasis

Excerpt from paper to the Pharmacology and Therapeutics Advisory Committee (PTAC),
May 2021



Costs and Savings

Estimated Incremental Total Cost of Listing

PHARMAC staff have estimated patient numbers and budget impact based on dispensing data for biologics funded for the treatment of plaque psoriasis. The breakdown of the existing market is shown below.

Biologic	Market share	Patients on treatment
Adalimumab	51%	506
Etanercept	12%	119
Secukinumab	33%	407
Infliximab	4%	37
Total market		1068

The supplier has estimated risankizumab will make up 40% of the biologic market in the long-term if listed with the same access restrictions as other first-line biologic options. For simplicity, PHARMAC staff have used the same market share of 40% by year five, and assumed patients are equally likely to switch from each of the currently funded biologic treatment options.

The estimated budget impact if listed first-line is shown below. This BIA assumes market growth of 15% per year (based on market growth over the preceding 5 years) and a market expansion of 10% with the listing of a new agent, reflecting that patients are likely to remain on treatment longer.

	2022	2023	2024	2025	2026	NPV (5-year, 8%)
Patients treated - risankizumab	289	428	606	810	1059	
Net change in pharm costs (\$m)	With	With	Withhe	Withhe	Withhe	Withhe
Net change in other DHB costs (\$m)	With	With	Withhe	Withhe	Withhe	Withhe
Net budget impact to DHBs (\$m)	With	With	Withhe	Withhe	Withhe	Withhe

Usage first-line vs second-line

Based on advice from the Dermatology Subcommittee, PHARMAC staff anticipate that, due to strong evidence of benefit, risankizumab would likely be used as the first biologic in most biologic-naïve patients.

PHARMAC staff seek the Committee's advice on what situations risankizumab would not be used as the first biologic, and whether, due to greater clinician familiarity, adalimumab would continue to be used as the first biologic therapy in plaque psoriasis.

Costs and savings to the rest of the health system

PHARMAC staff consider there is likely to be an increase in distribution costs should risankizumab be funded, and a small reduction in infusion costs from fewer patients requiring the use of last-line infliximab.

Based on advice from the Dermatology Subcommittee, PHARMAC staff consider that any reduction in hospitalisations from psoriasis flares is likely to be small, and as such is not quantified in the above BIA.

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