

Policy Category:

CBA

Who usually applies for funding?

Not applicable

Skilarence® (dimethyl fumarate) for the treatment of Moderate Psoriasis outside of NICE TA475 recommendations

Commissioning decision	The ICB will provide funding for moderate psoriasis using dimethyl fumarate (Skilarence®) for patients who meet the criteria defined within this policy.
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Policy Statement:

Commissioned for the treatment of moderate psoriasis for patients who are resistant to or have contra-indications to the non-biological standard treatments.

Rationale:

Dimethyl fumarate (Skilarence®) is licenced in the UK for the treatment of moderate to severe plaque psoriasis in adults in need of systemic medicinal therapy.

NICE TA475 "Dimethyl fumarate for treating moderate to severe plaque psoriasis" lists the criteria for eligible patients to access treatment, but this policy extends the availability of this preparation to a wider patient population.

Treatment with the systemic non-biological therapy dimethyl fumarate outside of the NICE TA475 is only funded for people with any type of psoriasis who:

- Comply with the recommendations within the NICE Clinical Guideline [Psoriasis: assessment and management \(CG153\)](#)
 - it cannot be controlled with topical therapy and
 - it has a significant impact on physical, psychological or social wellbeing and one or more of the following apply:
 - psoriasis is extensive (for example, more than 10% of body surface area affected or a [PASI](#) score of more than 10) or
 - psoriasis is localised and associated with significant functional impairment and/or high levels of distress (for example severe nail disease or involvement at high-impact sites) or
 - phototherapy has been ineffective, cannot be used or has resulted in rapid relapse (rapid relapse is defined as greater than 50% of baseline disease severity within 3 months).

AND

- Are resistant to, or do not tolerate, other standard systemic non-biological treatments. (E.g. *Methotrexate, ciclosporin and acitretin*).

Plain English Summary:

Psoriasis is a skin condition that causes red, flaky, crusty patches of skin covered with silvery scales. The severity of psoriasis varies greatly from person to person. For some people it's just a minor irritation, but for others it can have a major impact on their quality of life.

Psoriasis is a long-lasting (chronic) disease that usually involves periods when you have no symptoms or mild symptoms, followed by periods when symptoms are more severe. There's no cure for psoriasis, but a range of treatments can improve symptoms and the appearance of skin patches. In most cases, the first treatment used will be topical treatments, but if that is not effective, or the condition is more severe, other treatment options are available which are usually prescribed in a stepped manner depending on disease severity. For some patients these treatments may not be appropriate (either due to the patient being resistant to the treatments, or because the treatment is not medically suitable for the patient). In these cases, a skin consultant may wish to prescribe the medicine dimethyl fumarate (Skilarence®) as a treatment option before trying more potent medicines.

This policy outlines which patients may be treated with dimethyl fumarate (Skilarence®)

If your doctor believes that you meet the criteria set out in this policy the ICB will fund the treatment.

Evidence base:

NICE TA475 [Dimethyl fumarate for treating moderate to severe plaque psoriasis](#)

NICE CG153 [Psoriasis: assessment and management \(CG153\)](#)

For further information please contact GLICB.IFR@nhs.net

Date of publication	14 th February 2019
Policy review date	September 2025

Policy sign off:

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	18 th October 2018
Quality and Governance Committee	14 th February 2019

Version Control:

Version No	Type of Change	Date	Description of Change
V1	New policy for licensed preparation of dimethyl fumarate	July 18	New policy to replace previous policy for Fumaderm – unlicensed preparation
V2	Review date	Sept 21	Review date changed to September 2022
V3	Review date	Sept 22	Review date changed to September 2025