

Apremilast FOI request V3.0 – Trust

Dear Colleague,

Please see the below Freedom of Information request:

1. Please detail the number of patients currently prescribed apremilast with a current primary diagnosis of: a) Psoriasis b) Psoriatic Arthritis?

Psoriasis	Psoriatic Arthritis
5	Please note that for Psoriatic Arthritis: Further information may be available by contacting Midlands Partnership NHS Foundation Trust at the following email: foi@mpft.nhs.uk

2. Of the patients prescribed apremilast in the last 12 months for Psoriasis and Psoriatic Arthritis, what number of patients received treatment with targeted small molecules or biologic therapies* prior to beginning treatment with apremilast? (*See annex 1 for a list of small molecule/biologic therapies)

Psoriasis	Psoriatic Arthritis
<5	Please note that for Psoriatic Arthritis: Further information may be available by contacting Midlands Partnership NHS Foundation Trust at the following email: foi@mpft.nhs.uk

3. How many small molecule- and/or biologic-naïve patients in the Trust are currently receiving a conventional **non-biologic** systemic therapy for Psoriasis or a conventional **non-biologic** disease-modifying anti-rheumatic drug (DMARD) for Psoriatic Arthritis? (e.g. methotrexate)

Therapy	No. of patients receiving the specified therapy	
	Psoriasis	Psoriatic Arthritis
Systemic therapies	86	
Disease-modifying anti-rheumatic drugs (DMARDs)		Please note that for Psoriatic Arthritis: Further information may be available by contacting Midlands Partnership NHS Foundation Trust at the following email: foi@mpft.nhs.uk

4. Is CCG prior-approval required for the prescribing of apremilast? Y/N. If Yes, please tick the system you use: Blueteq /Other . **No for psoriasis**

5. If other, what system do you use? **N/A for psoriasis**

6. Is apremilast listed individually or grouped with biologic therapies on the prior-approval form for Psoriasis and Psoriatic Arthritis? **N/A for psoriasis**

Psoriasis: Individually grouped **Psoriatic Arthritis:** Individually grouped .

Q4-6 please note that for Psoriatic Arthritis: Further information may be available by contacting Midlands Partnership NHS Foundation Trust at the following email: foi@mpft.nhs.uk

7. Please provide the wording used on the CCG's prior-approval form for the prescribing of apremilast.

	Psoriasis	Psoriatic Arthritis
Please provide the wording used on the CCG's prior-approval form for the prescribing of apremilast	N/A	Please note that for Psoriatic Arthritis: Further information may be available by contacting Midlands Partnership NHS Foundation Trust at the following email: foi@mpft.nhs.uk

Annex 1

abatacept (Orencia®)
adalimumab (Amgevita®, Humira®, Hyrimoz® or Imraldi®)
brodalumab (Siliq®)
certolizumab (Cimzia®)
etanercept (Benepali®)
golimumab (Simponi®)
guselkumab (Tremfya®)
infliximab (Remicade®)
ixekizumab (Taltz®)
risankizumab (Skyrizi®)

secukinumab (Cosentyx®)
tildrakizumab (Ilumya®)
tofacitinib (Xeljanz®)
ustekinumab (Stelara®)

Please let us know if you require any further information to process this request or if this request needs to be directed elsewhere. Many thanks.

Please send all replies to

Kind regards,

FOI REF 134-2021