

Freedom of Information Request Reference:

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

Psoriasis	Psoriatic Arthritis
4	7

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
0	3

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)

Unable to provide this information as GPs may be prescribing treatments and in Northern Ireland GPs do not sit within the Trust.

Therapy	No. of patients receiving the specified therapy	
	Psoriasis	Psoriatic Arthritis
Systemic therapies		
Disease-modifying anti-rheumatic drugs (DMARDs)		

4. Is CCG prior-approval required for the prescribing of apremilast? Y/N. If Yes, please tick the system you use: Blueteq /Other . **NO**
5. If other, what system do you use? **N/A**
6. Is apremilast listed individually or grouped with biologic therapies on the prior-approval form for Psoriasis and Psoriatic Arthritis? **N/A**
Psoriasis: Individually grouped **Psoriatic Arthritis:** Individually grouped .
7. Please provide the wording used on the CCG's prior-approval form for the prescribing of apremilast. **N/A**

	Psoriasis	Psoriatic Arthritis
Please provide the wording used on the CCG's prior-approval form for the prescribing of apremilast		

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®)