East Lancashire Health Economy Medicine Management Board
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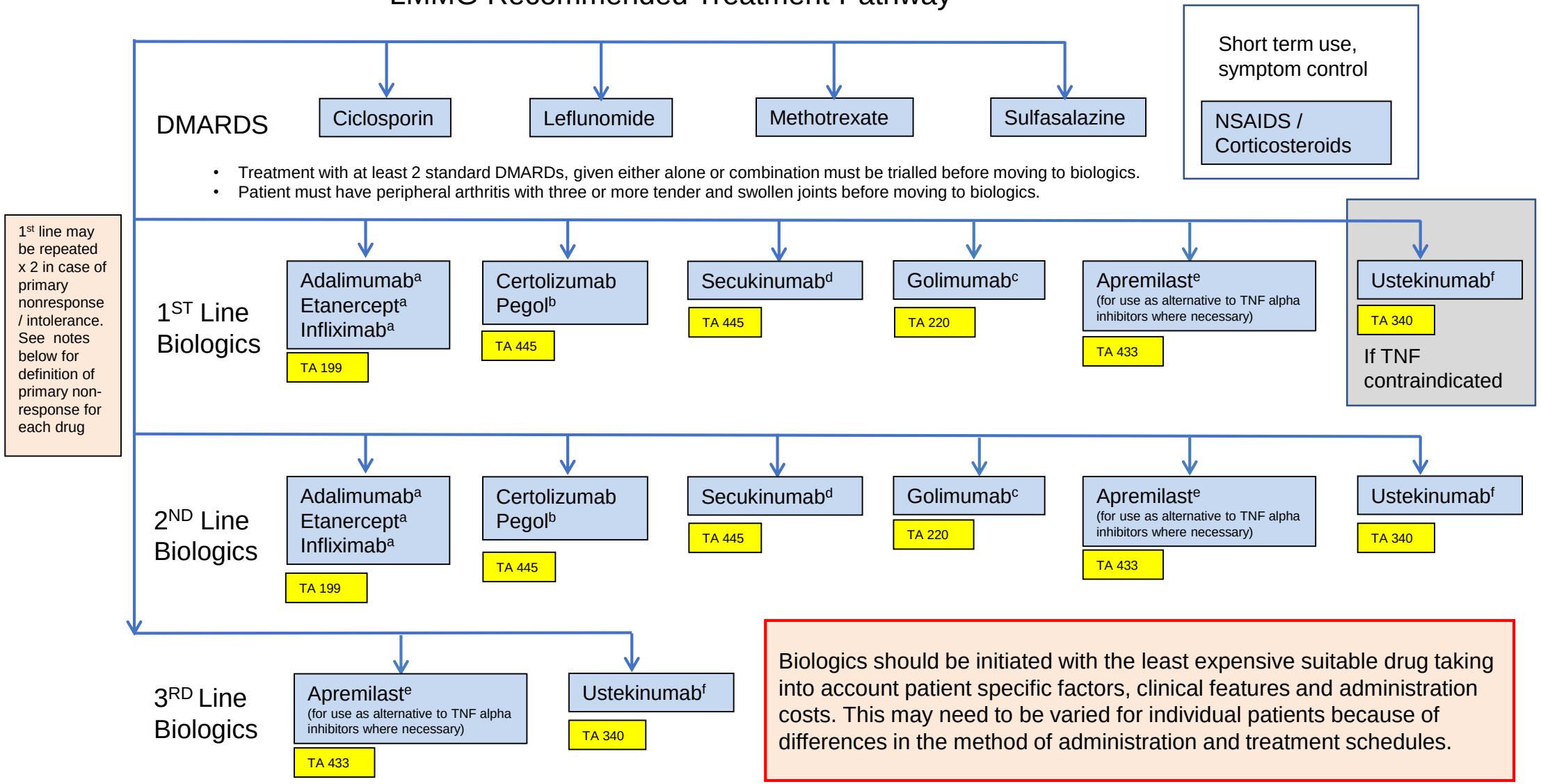
Lancashire Medicines Management Group NHS

# Psoriatic Arthritis
# LMMG Recommended Treatment Pathway




Biologics should be initiated with the least expensive suitable drug taking into account patient specific factors, clinical features and administration costs. This may need to be varied for individual patients because of differences in the method of administration and treatment schedules.

**Notes**

**a** *TA199* Etanercept, adalimumab or infliximab treatment should be discontinued in people whose psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis Response Criteria (PsARC) at 12 weeks. An adequate response is defined as an improvement in at least two of the four PsARC criteria, (one of which has to be joint tenderness or swelling score) with no worsening in any of the four criteria. People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response at 12 weeks but whose PsARC response does not justify continuation of treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response.

**b** *TA445* Certolizumab pegol alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults only if:

- it is used as described in the NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (criteria as listed above) or
- the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has stopped responding after the first 12 weeks.

Certolizumab pegol is only recommended if the company provides it as agreed in the patient access scheme.
Assess the response to certolizumab pegol after 12 weeks of treatment. Only continue treatment if there is clear evidence of response, defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria. People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist, to determine whether continuing treatment is appropriate based on skin response

**c** *TA220* Golimumab- Only people whose psoriatic arthritis improves enough by 12 weeks should be able to carry on with treatment. The circumstances described are the same circumstances in which NICE recommends etanercept, infliximab and adalimumab see **a** TA 199 above.

**d** *TA445* Secukinumab alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults only if:

- it is used as described in the NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis(criteria as listed above) or
- the person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or
- TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis).

Secukinumab is only recommended if the company provides it as agreed in the patient access scheme.
Assess the response to secukinumab after 16 weeks of treatment. Only continue treatment if there is clear evidence of response, defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria. People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist, to determine whether continuing treatment is appropriate based on skin response

**e** *TA433* Stop apremilast at 16 weeks if the psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis response Criteria (PsARC), defined as an improvement in at least 2 of the 4 PsARC criteria (including joint tenderness or swelling score) with no worsening in any criteria. If the disease has a Psoriasis Area and Severity Index (PASI) 75 response, a dermatologist should decide whether to continue treatment with apremilast after 16 weeks based on skin response. Evidence from the company's network meta-analysis that compared apremilast with TNF alpha inhibitors in the total population, and also in people who had not had TNF alpha inhibitors, showed that apremilast was not as clinically effective as the TNF alpha inhibitors for treating psoriatic arthritis. However, there is an unmet need for treatments that offer a different mechanism of action to the TNF-alpha inhibitors or that are administered orally, as with apremilast (a PDE4 inhibitor). Apremilast may provide an additional treatment option for patients, because of its different mode of action and oral formulation. However, the committee considered that apremilast was not a step-change in treatment.
Please note NICE TA 433 does not provide information to support a specific line of therapy for apremilast; locally there is a preference for placing the drug at second or third line biologic positions.

**f** *TA340* Ustekinumab treatment should be stopped if the person's psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis Response Criteria (PsARC) at 24 weeks. An adequate response is defined as an improvement in at least 2 of the 4 criteria (1 of which must be joint tenderness or swelling score), with no worsening in any of the 4 criteria. People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response.