This policy statement is approved by Halton, Knowsley, Liverpool, South Sefton, Southport and Formby, St Helens, Warrington, West Lancashire, and Wirral CCGs

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PAN MERSEY APC

PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
REF: PS68 FINAL
FIRST APC BOARD DATE: 24 JUN 2015
LAST APC BOARD DATE: 24 MAY 2017

NHS
Pan Mersey
Area Prescribing Committee

USTEKINUMAB injection (Stelara®) for Psoriatic Arthritis

R E D

The Pan Mersey Area Prescribing Committee recommends the prescribing of USTEKINUMAB injection (Stelara®) for active psoriatic arthritis in accordance with NICE TA340.

In accordance with NICE TA340, ustekinumab (Stelara®) is recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults only when:

- treatment with tumour necrosis factor (TNF) alpha inhibitors is contraindicated but would otherwise be considered (as described in NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis and golimumab for the treatment of psoriatic arthritis) **or**
- the person has had treatment with 1 or more TNF-alpha inhibitors.

When used at a dose of 90mg for people who weigh more than 100 kg, this must be administered using the 90mg injection, not as 2 x 45mg injections, as the 90mg injection is the same price as 1 x 45mg injection.

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. As recommended in NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis, 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 (see NICE technology appraisal guidance on ustekinumab for the treatment of adults with moderate to severe psoriasis).

For treatment options with biologic agents in psoriatic arthritis see Pan Mersey APC Biologics Pathway for Psoriatic Arthritis which incorporates NICE TA340 (Ustekinumab for treating active psoriatic arthritis, June 2015), NICE TA199 (Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis, August 2010) and NICE TA220 (Golimumab for the treatment of psoriatic arthritis, April 2011).

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

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Cost implication

According to the NICE Costing Statement the guidance on ustekinumab for treating active psoriatic arthritis is unlikely to result in a significant change in resource use in the NHS. This is because ustekinumab is an alternative option for treating active psoriatic arthritis at a similar cost to alternatives. The number of people affected by the change in practice is expected to be small.

Estimated average annual treatment cost per patient Treatment	**Regimen**	**First year drug cost (£)**	**Annual maintenance drug cost (£)**	**Total annual maintenance cost including administration per patient (£)**
Golimumab	50 mg once a month by subcutaneous injection[1]	9,156	9,156	9,156
Adalimumab	40 mg on alternate weeks by subcutaneous injection	9,156	9,156	9,156
Etanercept	25 mg twice weekly or 50 mg weekly by subcutaneous injection	9,296	9,296	9,296
Infliximab	5 mg/kg in weeks 1, 3 and 7, then every 8 weeks by intravenous infusion[2,3]	13,428	11,749	15,125
Ustekinumab	45 mg in weeks 1 and 4, then every 12 weeks by subcutaneous injection[4].	10,735	9,304	9,304

1 A dose of 100mg may be given by subcutaneous injection to people weighing more than 100kg (a patient access scheme is in place for this treatment).
2 Assumed average weight of people to be 78kg and there is wastage where part vials are used.
3 The cost of administration for infliximab is £3,858 in the first year and £3,376 in the subsequent maintenance years. The cost is based on 2015/16 enhanced tariff option. Day case: Inflammatory spine, joint or connective tissue disorders (weighted average of major CC (HD23A), intermediate CC (HD23B) and without CC (HD23C)).
4 A dose of 90 mg may be given by subcutaneous injection to people weighing more than100 kg, administered using the 90mg injection, not as 2 x 45mg injections, as the 90mg injection is the same price as 1 x 45mg injection.