PSORIATIC ARTHRITIS and PERIPHERAL SPONDYLOARTHROPATHY: high cost drugs pathway



NICE criteria for biologic therapy with TNF inhibitor (TNFi) for psoriatic arthritis fulfilled (fulfils ASAS criteria for peripheral SpA)

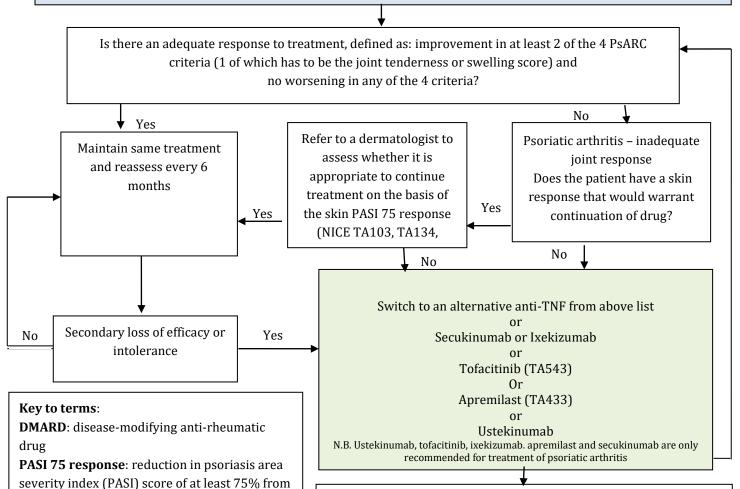
Failure of 2 DMARDs + ≥3 swollen and ≥3 tender joints

Decision based on individual patient characteristics – including psoriasis severity, co-morbidity etc Assess baseline PASI - N/A for patients with peripheral SpA

FIRST LINE HIGH COST DRUG

Adalimumab (TA199); Certolizumab (TA445); Etanercept (TA199); Golimumab (TA220); Infliximab (TA199); Secukinumab (TA445) Ixekizumab, TA537), Apremilast (TA433) or Tofacitinib (TA543); (Ustekinumab, Tofacitinib, Apremilast - consider first line use if TNFi contraindications)

N.B. Ustekinumab, ixekizumab, tofacitinib, apremilast & secukinumab are only recommended for treatment of psoriatic arthritis



Allow "switching" between agents in case of initial or subsequent agent failure as follows:

Primary inefficacy -

- TNFi receptor (etanercept)
- TNFi antibody (others)
- Secukinumab or ixekizumab (not peripheral spondyloarthropathy)
- Ustekinumab (not peripheral spondyloarthropathy)
- Tofacitinib (not peripheral spondyloarthropathy)
- Apremilast (not peripheral spondyloarthropathy)

Secondary inefficacy - another approved high-cost drug may be used. Where secondary failure of efficacy may be a class effect, use another drug from an alternative drug class. Avoid using more than two anti-TNF agents unless involvement of anti-drug antibodies is the cause of failure.

Adverse effect - another approved high-cost drug may be used. Where adverse effect may be a class effect use another drug from an alternative drug class.

APC board date: 28 Nov 2018 | Last updated: 23 Sep 2020

PsARC: psoriatic arthritis response criteria

Ustekinumab- 24 weeks (skin at 16 weeks)

Secukinumab / Ixekizumab - 16 weeks

TA: NICE technology appraisal

Anti-TNF, Tofacitinib - 12 weeks

TNF: tumour necrosis factor

Assessment of efficacy

Apremilast -16 weeks

baseline

Review date: Mar 2023 (or earlier if there is significant new evidence relating to this recommendation)