TOFACITINIB tablets (Xeljanz® ▼) for Psoriatic Arthritis

The Pan Mersey Area Prescribing Committee recommends the prescribing of TOFACITINIB tablets (Xeljanz® ▼), by specialists only, for treating psoriatic arthritis after inadequate response to DMARDs in accordance with NICE TA543

RED

NICE technology appraisal (TA) 543[1] recommends TOFACITINIB tablets (Xeljanz® ▼), with methotrexate, as an option for treating active psoriatic arthritis in adults, only if:

- it is used as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis[2] (TA199) recommendations 1.1 and 1.2:

  1.1 Tofacitinib is recommended for the treatment of adults with active and progressive psoriatic arthritis when the following criteria are met;
  - the person has peripheral arthritis with at least 3 tender joints and at least 3 swollen joints, **and**
  - the psoriatic arthritis has not responded adequately to trials of at least 2 conventional disease-modyfying antirheumatic drugs (DMARDs), given either individually or together.

  1.2 Treatment as described in 1.1 should normally be started with the least expensive drug taking into account drug administration costs, required dose and product price per dose. This may need to be varied for individual patients because of differences in the method of administration and treatment schedules.

  OR

- the person has had a tumour necrosis factor (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's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis).

Tofacitinib is only recommended if the company provides it according to the commercial arrangement

The response to tofacitinib should be assessed after 12 weeks of treatment. Treatment should only be continued if there is clear evidence of response. This is 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 (as described in NICE TA199[2] recommendation 1.3).

NICE do not expect this guidance to have a significant impact on resources; that is, it will be less than £5 million per year in England (or £9,100 per 100,000 population). This is because tofacitinib is a further option alongside current standard treatment options.

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.

References

1. National Institute for Health and Care Excellence. Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs. NICE Technology Appraisal 543; 2018. Accessed 01 November 2018 at: https://www.nice.org.uk/guidance/ta543

2. National Institute for Health and Care Excellence. Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis. NICE Technology Appraisal 199; 2010. Accessed 29 November at: https://www.nice.org.uk/guidance/ta199