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

Ha Kn Li SF SS SH Wa Wi WL

PAN MERSEY APC

PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
APC BOARD DATE: 26 SEP 2018

NHS
Pan Mersey
Area Prescribing Committee

IXEKIZUMAB subcutaneous injection (Taltz ®▼) for Psoriatic Arthtitis

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The Pan Mersey Area Prescribing Committee recommends the prescribing of IXEKIZUMAB subcutaneous injection (Taltz®▼), by specialists only, for active psoriatic arthritis in adults after inadequate response to DMARDs in accordance with NICE TA537

NICE technology appraisal (TA) 537 recommends IXEKIZUMAB subcutaneous injection (Taltz®▼) alone, or with methotrexate, as an option for treating active psoriatic arthritis only if:

- The person has peripheral arthritis with three or more tender joints and three or more swollen joints, and
- The psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying antirheumatic drugs (DMARDs), administered either individually or in combination.

Treatment as described above should normally be started with the least expensive drug.

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 the first 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).

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

Assess the response to ixekizumab 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 (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis, recommendation 1.3).

We 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 ixekizumab is a further option alongside current standard treatment options.

Reference

1. National Institute for Health and Care Excellence (2018) Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs. Available at https://www.nice.org.uk/guidance/ta537 [Accessed 29-Aug-2018]

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.

Version: 2.1
Review date: September 2020
(or earlier if there is significant new evidence relating to this recommendation)