NHS
Pan Mersey
Area Prescribing Committee

RISANKIZUMAB solution for injection (Skyrizi® ▼) for psoriatic arthritis

The Pan Mersey Area Prescribing Committee recommends the prescribing of RISANKIZUMAB solution for injection (Skyrizi® ▼), by specialists only, for psoriatic arthritis in accordance with NICE TA803.

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NICE technology appraisal (TA) 803 (13 July 2022) recommends risankizumab, alone or with methotrexate, as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them, only if they have:

- peripheral arthritis with 3 or more tender joints and 3 or more swollen joints
- moderate to severe psoriasis (a body surface area of at least 3% affected by plaque psoriasis and a Psoriasis Area and Severity Index [PASI] score greater than 10)
- had 2 conventional DMARDs and at least 1 biological DMARD.[1]

Risankizumab is recommended only if the company provides it according to the commercial arrangement.[1]

Prescribing and monitoring of therapy must be retained by a specialist in the management of psoriatic arthritis.

The response to risankizumab should be assessed from 16 weeks. Risankizumab should be stopped if the psoriatic arthritis has not responded adequately using the Psoriatic Arthritis Response Criteria (PsARC; an adequate response is 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). If PsARC response does not support continuing treatment but there is a PASI 75 response, a dermatologist should decide whether continuing treatment is appropriate based on skin response.[1]

If patients and their clinicians consider risankizumab to be one of a range of suitable treatments, including guselkumab, **choose the least expensive** (taking into account administration costs, dosage, price per dose and commercial arrangements).[1]

NICE does not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or £9,000 per 100,000 population). This is because risankizumab is a further treatment option and is available at a similar price to the current treatment options.[2]

References

1. National Institute for Health and Care Excellence. Technology Appraisal 803; Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs, 13 July 2022. Accessed online 14 July 2022.
2. National Institute for Health and Care Excellence. Technology appraisal guidance 803: Resource impact Statement; Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs , 13 July 2022. Accessed online 14 July 2022.

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.