PSORIATIC ARTHRITIS and PERIPHERAL SPONDYLOARTHROPATHY: high cost drugs pathway

NHS Pan Mersey Area Prescribing Committee

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

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

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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

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Is there an adequate response to treatment, defined as: improvement in at least 2 of the 4 PsARC criteria (1 of which has to be the joint tenderness or swelling score) and no worsening in any of the 4 criteria?

Yes ↓

Maintain same treatment and reassess every 6 months

↓

Secondary loss of efficacy or intolerance

Yes → Switch to an alternative anti-TNF from above list
or
Secukinumab or Ixekizumab
or
Tofacitinib (TA543)
Or
Apremilast (TA433)
or
Ustekinumab
N.B. Ustekinumab, tofacitinib, ixekizumab. apremilast and secukinumab are only recommended for treatment of psoriatic arthritis

No → Maintain same treatment and reassess every 6 months

No ↓

Psoriatic arthritis – inadequate joint response
Does the patient have a skin response that would warrant continuation of drug?

Yes → Refer to a dermatologist to assess whether it is appropriate to continue treatment on the basis of the skin PASI 75 response (NICE TA103, TA134,

Yes → Maintain same treatment and reassess every 6 months

No → Switch to an alternative anti-TNF from above list
or
Secukinumab or Ixekizumab
or
Tofacitinib (TA543)
Or
Apremilast (TA433)
or
Ustekinumab
N.B. Ustekinumab, tofacitinib, ixekizumab. apremilast and secukinumab are only recommended for treatment of psoriatic arthritis

Key to terms:
DMARD: disease-modifying anti-rheumatic drug
PASI 75 response: reduction in psoriasis area severity index (PASI) score of at least 75% from baseline
PsARC: psoriatic arthritis response criteria
TA: NICE technology appraisal
TNF: tumour necrosis factor

Assessment of efficacy
Anti-TNF, Tofacitinib – 12 weeks
Ustekinumab- 24 weeks (skin at 16 weeks)
Secukinumab / Ixekizumab – 16 weeks
Apremilast -16 weeks

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.