NHS
Pan Mersey
Area Prescribing Committee

GUSELKUMAB injection (Tremfya® ▼) for psoriatic arthritis

The Pan Mersey Area Prescribing Committee recommends the prescribing of GUSELKUMAB injection (Tremfya® ▼), by specialists only, for psoriatic arthritis in accordance with NICE TA815.

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NICE technology appraisal (TA) 815 (10 August 2022) updates and replaces NICE TA711 and recommends guselkumab, 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. [1]

It is recommended only if they have had 2 conventional DMARDs and:

- have had at least 1 biological DMARD, **or**
- tumour necrosis factor-alpha (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).[1]

Active psoriatic arthritis is defined as peripheral arthritis with 3 or more tender joints and 3 or more swollen joints.[1]

Guselkumab 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.

Assess the response to guselkumab from 16 weeks. Stop guselkumab at 24 weeks 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 the PsARC response is not adequate but there is a Psoriasis Area and Severity Index (PASI) 75 response, a dermatologist should decide whether continuing treatment is appropriate based on skin response. [1]

Costing information

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 approximately £9,000 per 100,000 population). This is because guselkumab is a further treatment option and is available at a similar price to the current treatment options. The updated recommendations allow for all people who have previously received a biological treatment and people who have contraindications to a TNF-alpha inhibitor to access guselkumab.[2]

References

1. National Institute for Health and Care Excellence. Technology Appraisal 815: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs, 10th August 2022. Accessed online 30 August 2022.
2. National Institute for Health and Care Excellence. Technology Appraisal 815: Resource impact statement, 10th August 2022. Accessed online 30 August 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.