Pending CCG approval

NHS
Pan Mersey
Area Prescribing Committee

UPADACITINIB prolonged-release tablets (RINVOQ® ▼) for psoriatic arthritis

The Pan Mersey Area Prescribing Committee recommends the prescribing of UPADACITINIB prolonged-release tablets (RINVOQ® ▼), by specialists only, for psoriatic arthritis, in accordance with NICE TA768.

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NICE technology appraisal (TA) 768 recommends upadacitinib 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. It is recommended only if:

- they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints **and**
- they have had 2 conventional DMARDs and at least 1 biological DMARD **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).[1]

Upadacitinib 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 upadacitinib after 12 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. If PsARC response does not justify continuing treatment 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]

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 upadacitinib 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 768; Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs, 02 February 2022. Accessed online 03 February 2022.
2. National Institute for Health and Care Excellence. Technology Appraisal 768; Resource impact statement , 02 February 2022. Accessed online 11 February 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.