Central and Eastern Cheshire NICE Pathway for Psoriatic Arthritis after failure of conventional therapy

Adult with active and progressive psoriatic arthritis meets NICE criteria\(^1\) for initiation of a biologic therapy
- Peripheral arthritis $\geq 3$ tender joints and $\geq 3$ swollen joints

The disease has not responded to adequate trials of at least two standard disease-modifying antirheumatic drugs (DMARDs), administered either individually or in combination.

Consider trial of a biologic therapy or apremilast
Choose the most appropriate agent. If more than one treatment is suitable chose the least expensive

- Etanercept biosimilar$^1$ £, adalimumab biosimilar$^{1, *}$, apremilast$^6$ £
- Certolizumab pegol$^4$ ££, golimumab$^2$ ££, infliximab$^1$ ££, secukinumab$^4$ ££, etanercept originator$^1$ ££, adalimumab originator$^1$ ££, ixekizumab$^6$ ££, tofacitinib$^7$ £

Consider a trial of Ustekinumab$^3$ ££, only if an anti-TNF is contraindicated or there is an inadequate response to an anti-TNF

Assess response to treatment 12-16 weeks after start of treatment.
Is there an adequate response to treatment?
An adequate response is defined as an improvement in at least two of the four PsARC criteria, (one of which has to be joint tenderness or swelling score) with no worsening in any of the four criteria

- Yes
- No

Treatment with another agent is recommended for people, who cannot tolerate, or disease has not responded to the first agent or the disease has stopped responding after initial response.

Loss of response

After the initial 12 or 16 week assessment continue treatment and monitor at least every 6 months

No

Yes

Not suitable for biologics – disease inactive or unlikely to progress

Adequate trial of DMARDs

*Approved at CEC APG September 2017 (updated Nov 2018)*

*Review date September 2019*
References

1. **NICE TA199** Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis
2. **NICE TA220** Golimumab for the treatment of psoriatic arthritis
3. **NICE TA340** Ustekinumab for treating psoriatic arthritis
4. **NICE TA445** Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs
5. **NICE TA433** Apremilast for treating active psoriatic arthritis
6. **NICE TA537** Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs
7. **NICE TA543** Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs

* not available in the UK yet
** in combination with methotrexate
£ represents lower cost options (taking administration costs into account for formulations delivered by intravenous infusion)
££ represents higher cost options (taking administration costs into account for formulations delivered by intravenous infusion)