Psoriatic Arthritis

LSCMMG Recommended Treatment Pathway

Therapy should always be initiated with the most cost effective drug, based on clinical judgement for the individual patient.

DMARDS

Treatment with at least 2 standard DMARDs (ciclosporin, leflunomide, methotrexate, sulfasalazine), given either alone or in combination must be trialled before moving to high cost drugs.

NSAIDs and corticosteroids can be utilised for short term use to control symptoms.

High cost drugs can only be considered if the patient has▲:

Peripheral arthritis with ≥3 tender joints and ≥3 swollen joints

AND

Not responded to adequate trials of ≥2 standard DMARDs, administered either individually or in combination.

1st Line High Cost Drug

TNF inhibitor
Adalimumab
Etanercept
Infliximab
Certolizumab Pegol
Golimumab

IL-inhibitors
Secukinumab** (17A)
Ixekizumab** (17A)
Ustekinumab* (12&23)
Guselkumab* (23)

JAK inhibitor – see MHRA alert
Tofacitinib**
Upadacitinib*

PDE4 Inhibitor
Apremilast

2nd and 3rd Line High Cost Drugs

TNF inhibitor
Adalimumab
Etanercept
Infliximab
Certolizumab Pegol
Golimumab

IL-inhibitors
Secukinumab (17A)
Ixekizumab (17A)
Ustekinumab (12&23)
Guselkumab (23)
Risankizumab (23)

JAK inhibitor– see MHRA alert
Tofacitinib
Upadacitinib

PDE4 Inhibitor
Apremilast

In case of primary non-response (see page 2) or intolerance, a therapy may be discontinued and the patient remain on the same line of treatment.

When using the PsARC, healthcare professionals should take into account any physical, sensory or learning disabilities or communication difficulties that could affect a person's responses to components of the PsARC and make any adjustments they consider appropriate.

When using the PASI, healthcare professionals should take into account skin colour and how this could affect the PASI score, and make the clinical adjustments they consider appropriate.

▲ For any additional or alternative conditions for use, see page 2.

<table>
<tr><th rowspan="2">Biologic</th><th rowspan="2">TA</th><th colspan="3" rowspan="2">Additional or alternative conditions for use</th><th colspan="2">Response</th></tr>
<tr><th>Assess response after</th><th>Definition of adequate response</th></tr>
<tr><td>Adalimumab</td><td rowspan="3">199</td><td colspan="3" rowspan="3"></td><td rowspan="3">12 weeks</td><td rowspan="11">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.

People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response at 12 weeks but whose PsARC response does not justify continuation of treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response.</td></tr>
<tr><td>Etanercept</td></tr>
<tr><td>Infliximab</td></tr>
<tr><td>Certolizumab Pegol</td><td rowspan="2">445</td><td rowspan="5"><u>OR</u> The person has had a TNF-alpha inhibitor but their disease has stopped responding after the first 12 weeks.</td><td colspan="2"></td><td>12 weeks</td></tr>
<tr><td>Secukinumab**</td><td rowspan="3"><u>OR</u> The person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks.</td><td rowspan="3"><u>OR</u> TNF-alpha inhibitors are contraindicated but would otherwise be considered.</td><td>16 weeks</td></tr>
<tr><td>Ixekizumab**</td><td>537</td><td>16 weeks</td></tr>
<tr><td>Tofacitinib**</td><td>543</td><td rowspan="2">12 weeks</td></tr>
<tr><td>Golimumab</td><td>220</td><td colspan="3"></td></tr>
<tr><td>Apremilast</td><td>433</td><td colspan="3"></td><td>16 weeks</td></tr>
<tr><td>Ustekinumab*</td><td>340</td><td rowspan="3"><u>AND</u> TNF-alpha inhibitors are contraindicated but would otherwise be considered.</td><td><u>OR</u> The person has had treatment with 1 or more TNF–alpha inhibitors.</td><td></td><td>24 weeks</td></tr>
<tr><td>Guselkumab*</td><td>815</td><td colspan="2"></td><td>16 - 24 weeks</td></tr>
<tr><td>Upadacitinib*</td><td>768</td><td colspan="2"></td><td>12 weeks</td></tr>
<tr><td>Risankizumab</td><td>803</td><td><u>AND</u> Has moderate to severe psoriasis.</td><td><u>AND</u> Has had at least 1 biological DMARD.</td><td></td><td>16 weeks</td></tr>
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