Briefing Paper for Surrey Heartlands Integrated Care System (ICS) Area Prescribing Committee (APC)

Surrey Downs, Guildford & Waverley, North West Surrey, East Surrey Places & associated partner organisations.

NICE Technology Appraisals: Local implementation

NICE TA Guidance name and number	Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs Technology appraisal guidance 768		
Available at	www.nice.org.uk/guidance/ta768		
Date of issue	2 February 2022	**Implementation deadline**	2 May 2022

Medicine details[1]	
Name, brand name and manufacturer	Upadacitinib (Rinvoq®) AbbVie
Mode of action	Janus kinase (JAK) inhibitor - JAK 1 and JAK 3
Licensed indication	RINVOQ is indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs. RINVOQ may be used as monotherapy or in combination with methotrexate.
Formulation	15 mg and 30mg prolonged-release tablets
Usual dosage	The recommended dose of upadacitinib is 15 mg once daily.
Comparison with NICE TA use[2]	This is the same recommended dose and schedule as the NICE TA. *This is the current dose considered by NICE as part of the NICE evaluation. Subsequent changes in the license following NICE publication will need to be considered by the Area Prescribing Committee and **will not be routinely funded** by local commissioners.*

Disease and potential patient group	
Brief description of disease[2,3]	Psoriatic arthritis is a type of arthritis that affects some people with the skin condition psoriasis. It typically causes affected joints to become swollen, stiff and painful. Active psoriatic arthritis is defined as 3 or more tender joints and 3 or more swollen joints. Like psoriasis, psoriatic arthritis is a long-term condition that can get progressively worse. If it's severe, there's a risk of the joints becoming permanently damaged or deformed, and surgery may be needed. But if psoriatic arthritis is diagnosed and treated early, it's progression can be slowed down and permanent joint damage can be prevented or minimised. The severity of the condition can vary considerably from person to person. Some people may have severe problems affecting many joints, whereas others may only notice mild symptoms in 1 or 2

joints.

There may be times when symptoms improve (known as remission) and periods when they get worse (known as flare-ups or relapses).

Relapses can be very difficult to predict but can often be managed with medicine when they do occur.

Causes of psoriatic arthritis

Almost 1 in 3 people with psoriasis also have psoriatic arthritis.

It tends to develop 5 to 10 years after psoriasis is diagnosed, although some people may have problems with their joints before they notice any skin-related symptoms.

Like psoriasis, psoriatic arthritis is thought to happen as a result of the immune system mistakenly attacking healthy tissue.

But it's not clear why some people with psoriasis develop psoriatic arthritis and others do not.

The aim of treatment is to control joint and connective tissue inflammation. This prevents joint damage progressing and the associated pain and disability.

Potential patient numbers per 100,000[4]

Recommendation of NICE TA 768	% of people	Number of people
Total population for area selected (all ages)		1,049,170
Adult population		815,884
Prevalence of active psoriatic arthritis	0.19%	1,550
Proportion of people suitable for a biologic treatment	20.00%	310
Proportion of people who have had 2 conventional DMARDs and at least one biological DMARD	36.00%	112
Proportion of people who have moderate to severe psoriasis	31.00%	35
Number of people eligible for treatment		**35**

Table 1: NICE resource planner – potential number of patients eligible for treatment as per NICE TA768, for NHS Surrey Heartlands CCG.

Potential patient numbers: 3/100,000 population.

SUMMARY

Guidance[2]

Recommendations
1.1 Upadacitinib, alone or with methotrexate, is recommended 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).

Upadacitinib is recommended only if the company provides it according to the commercial arrangement.

1.2 Assess the response to upadacitinib after 12 weeks of treatment. Only continue treatment if there is clear evidence of response. This is 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.

1.3 Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the PsARC and make any appropriate adjustments.

1.4 Take into account how skin colour could affect the PASI score and make any appropriate adjustments.

1.5 These recommendations are not intended to affect treatment with upadacitinib that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

Why the committee made these recommendations

People with psoriatic arthritis that is not controlled well enough after 2 conventional DMARDs usually have biological DMARDs. Many of these are already recommended by NICE for treating psoriatic arthritis.

Clinical evidence shows that upadacitinib is more effective than placebo for treating active psoriatic arthritis and may be similarly as effective as adalimumab, another biological DMARD. But upadacitinib has not been directly compared with any other biological DMARD for this condition. The results of an indirect comparison are uncertain but suggest that upadacitinib is likely to work as well as other biological DMARDs.

The economic model showed that upadacitinib was not cost effective compared with some biological DMARDs for people who had not had a biological DMARD before. But it was cost effective for people who had had at least 1 biological DMARD or who could not have TNF-alpha inhibitors. So upadacitinib is recommended for these people.

Cost implications* [2,3,4]

Cost:
The cost of 28 15-mg tablets of upadacitinib is £805.56 (excluding VAT; BNF online,

accessed August 2021).

Availability of PAS and details (if appropriate):
The company has a commercial arrangement. This makes upadacitinib available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.

The PAS price only applies to trusts.

Availability of homecare service (if appropriate):
Yes.

Annual or monthly cost per patient:
The average cost for each patient per year is estimated at £10,501 based on the list price.

Has dose escalation been considered as part of the NICE costing template?
No

1. NICE resource impact statement:

No significant resource impact is anticipated.

We do 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, based on a population for England of 56.3 million people).

This is because the technology is a further treatment option and is available at a similar price to the current treatment options.

2. NICE resource impact template

The resource impact template is updated for adalimumab, apremilast, certolizumab pegol, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab. It does not include golimumab.

The estimated cost pressure for NHS Surrey Heartlands CCG for all these drugs at year 5 is £31,830.

Alternative treatments and cost per patient per year

Other NICE recommended products:
Please refer to NHS Surrey Heartlands CCG's 'Psoriatic Arthritis (PsA) Treatment Pathway in Adults' available at:
https://surreyccg.res-systems.net/PAD/Search/DrugConditionProfile/6444

- Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab are tumour necrosis factor (TNF)-alpha inhibitors.
- Ixekizumab and secukinumab are IL-17A inhibitors.
- Ustekinumab is an IL-12 / IL-23 inhibitor.
- Guselkumab is an IL-23 inhibitor.
- Tofacitinib is a Janus kinase (JAK) inhibitor.
- Apremilast is a PDE 4 inhibitor.

Impact to patients

- An additional treatment option would be valued by patients.
- An oral treatment would be welcomed by some patients particularly those who are needle phobic or have significant hand disability.

• It is available under a homecare service so will be delivered directly to the patient.
Impact to primary care prescribers
• This is a PbRe drug and is commissioned by CCGs for use in secondary care. There should be no prescribing in primary care. • Primary care prescribers should be aware that their patient is receiving upadacitinib and ensure that this is recorded in the patient's notes in order to be alert to potential side-effects and interactions with other medicines prescribed in primary care. This will also ensure that GP records, which are accessed by other healthcare providers, are a true and accurate reflection of the patient's medication.
Impact to secondary care
• The initiation, administration and on-going treatment is managed by secondary care. • Homecare arrangements will be managed by the trust. • An additional treatment option would be valued by clinicians.
Impact to CCGs
• The technology is commissioned by integrated care systems/clinical commissioning groups (CCGs) and they are required to comply with the recommendations in the NICE TA within 3 months of its date of publication. • Providers are NHS hospital trusts.
Implementation

• NICE TA implementation must be within 90 days of publication.
• Blueteq forms to be developed.
• Trusts to follow internal governance procedures to add to their formulary and initiate Homecare.
• Addition to the psoriatic arthritis pathway be discussed at Rheumatology Network.
  ○ Upadacitinib is different to the other JAK inhibitor, tofacitinib (NICE TA543, Oct 2018), as tofacitinib may be used first line after conventional DMARDs and upadacitinib may be used after 2 conventional DMARDs **and** at least 1 biological DMARD (unless contra-indicated).
  ○ Decide on the most cost-effective JAK inhibitor in this pathway.

Recommendation to APC
PbRe: Yes **Recommended traffic light status (see attached guidelines):** Red See proposed Blueteq forms.

References:

1. Specification of Product Characteristics. RINVOQ 15 mg prolonged-release tablets. Available at: https://www.medicines.org.uk/emc/search?q=upadacitinib Accessed <8.2.22>

2. NICE Technology appraisal: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs. Technology appraisal guidance [TA768] Published: 02 February 2022. Available at: https://www.nice.org.uk/guidance/ta768 Accessed <8.2.22>

3. Psoriatic arthritis. NHS. Available at: https://www.nhs.uk/conditions/psoriatic-arthritis/ Accessed <06.07.21>

4. NICE Resource impact report. Available at: https://www.nice.org.uk/guidance/ta768/resources Accessed <8.2.22>

	Name	Role	Date	Declaration of interests (please give details below table)
Prepared by	Tejinder Bahra	Lead Commissioning Pharmacist	9.2.22	None
Reviewed by:				

Explanation of declaration of interest:

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
1		Tejinder Bahra	Draft	Out for consultation
2		Tejinder Bahra	Final	Inclusion of comments and resource template information
3		Tejinder Bahra	Final	Blueteq forms added to document for consultation with specialist teams

UPADACITINIB 15mg - 1st line treatment of Psoriatic Arthritis	
Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. Patient is aged 18 years or over	○ Yes ○ No
2. This patient has not responded well enough to at least TWO disease-modifying antirheumatic drugs (DMARDs) or they cannot tolerate them. Please specify which drugs patient has previously received:	
3. 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)?	○ Yes ○ No

Treatment	Reason for stopping

4. Patient has active psoriatic arthritis and meets ALL of the following criteria:

- Patient has peripheral arthritis

- Patient has three or more tender joints

- Patient has three or more swollen joints

Yes No

5. Please provide patient's baseline PsARC scores:

	Score	Date
Tender Joint score		
Swollen Joint score		
Physician Global Assessment score		
Patient Global self-assessment		

6. FOR INFORMATION

Funding will initially be approved for 12 weeks. Following initial response, funding will be reapproved on an annual basis if the patient continues to maintain response, and the correct form is submitted.

NICE TA criteria for continuation of treatment:

Assess the response to upadacitinib after 12 weeks of treatment. Only continue treatment if there is clear evidence of response. This is 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.	

UPADACITINIB 15mg - 2nd line treatment of Psoriatic Arthritis

Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. This patient's disease has not responded well enough to at least TWO conventional disease-modifying antirheumatic drugs (DMARDs) AND a biological DMARD	○ Yes ○ No
2. Please provide the current Psoriatic Arthritis Response criteria (PsARC)	
3. FOR INFORMATION	

	Score	Date taken
Tender Joint Score		
Swollen Joint Score		
Physician Global Assessment Score		
Patient Global self-assessment		

Funding will initially be approved for 12 weeks. Following initial response, funding will be reapproved on an annual basis if the patient continues to maintain response, and the correct form is submitted. **NICE TA criteria for continuation of treatment:** Assess the response to upadacitinib after 12 weeks of treatment. Only continue treatment if there is clear evidence of response. This is 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.	

UPADACITNIB 15mg - 3rd line treatment of Psoriatic Arthritis

Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. Patient has previously been treated with Two OTHER high cost DMARDS.	○ Yes ○ No
3. Please provide the current Psoriatic Arthritis Response criteria (PsARC)	

	Score	Date taken
Tender Joint Score		
Swollen Joint Score		
Physician Global Assessment Score		
Patient Global self-assessment		

4. FOR INFORMATION	

Funding will initially be approved for 12 weeks. Following initial response, funding will be reapproved on an annual basis if the patient continues to maintain response, and the correct form is submitted. **NICE TA criteria for continuation of treatment :** Assess the response to upadacitinib after 12 weeks of treatment. Only continue treatment if there is clear evidence of response. This is 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.	

UPADACITINIB 15mg - 4th line (or subsequent line) treatment of Psoriatic Arthritis

Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. Patient has previously been treated with AT LEAST Three OTHER high cost DMARDS.	○ Yes ○ No
2. Please provide the current Psoriatic Arthritis Response criteria (PsARC)	
3. This application has been supported by the Surrey Rheumatology Clinical Network MDT as per the agreed process?	○ Yes ○ No

	Score	Date taken
Tender Joint Score		
Swollen Joint Score		
Physician Global Assessment Score		
Patient Global self-assessment		

4. FOR INFORMATION Funding will initially be approved for 12 weeks. Following initial response, funding will be reapproved on an annual basis if the patient continues to maintain response, and the correct form is submitted. **NICE TA criteria for continuation of treatment :** Assess the response to upadacitinib after 12 weeks of treatment. Only continue treatment if there is clear evidence of response. This is 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.	

Continuation – UPADACITINIB 15mg treatment in Psoriatic Arthritis

Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. I herewith provide you with the requested information:	
2. Is there an improvement from baseline in at least two of the above four PsARC criteria? [This improvement must be maintained for patients who have been on treatment for more than 12 months.	○ Yes ○ No

PsARC	Current PsARC scores (no more than 3 months old)	Date PsARC scores taken
Tender Joint Score		
Swollen joint score		
Physician's global assessment score		
Patient's global self- assessment		

3. There is no worsening in any of the above four PsARC criteria? (Yes = No worsening)	○ Yes ○ No
4. Is there an improvement in either joint tenderness or swelling score?	○ Yes ○ No
5. If the answer to any of the above 3 questions is NO, please provide the following additional information: Has patient been assessed by a Dermatologist to determine whether continuing treatment is appropriate on the basis of skin response?	
6. Is continuing treatment requested based on this assessment? Please provide details of Dermatologist assessment below: :  Name of Dermatologist: Date of the assessment::	
7. Is there a 75% reduction in PASI from when treatment started? Current PASI score (no more than 3 months old): Date score taken:	○ Yes ○ No
FOR INFORMATION **Funding will be approved at 12 monthly intervals if response to treatment is maintained**	