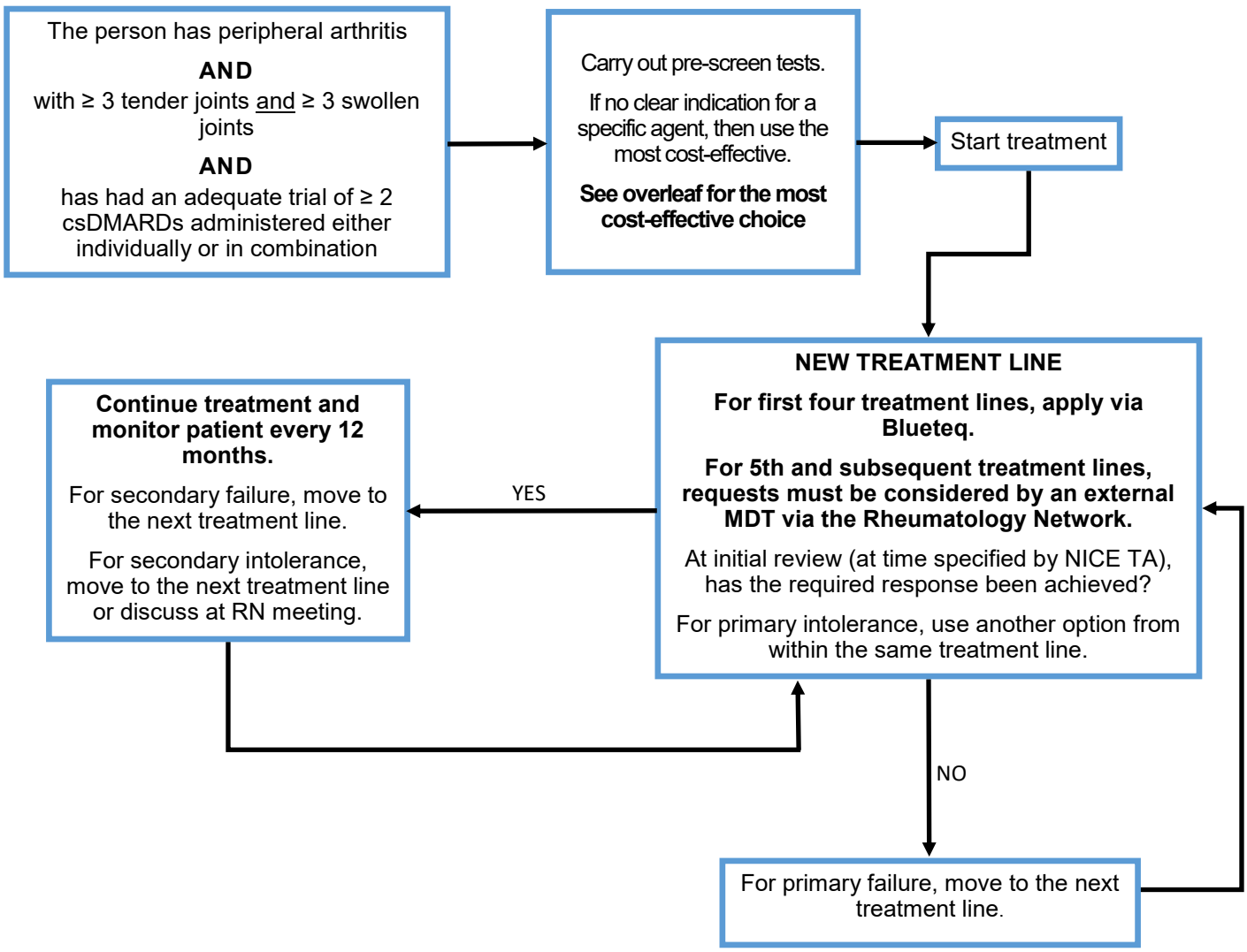
PSORIATIC ARTHRITIS IMMUNOMODULATOR TREATMENT PATHWAY (ADULTS)

Approved by NHS Surrey Heartlands ICS Area Prescribing Committee - April 2024



Requests for additional lines of treatment to external network MDT

- Request the 'Additional lines of treatment application form' the from https://surreyccg.res-systems.net/PAD/
- Each consultation will last for seven days.
- Agreement requires **3 positive** endorsements (from clinicians of **at least 3 trusts other** than from the requesting clinician) **+ no negative/severe concerns.**
- If there are negative/severe concerns then decision should be postponed until the next face-to-face Rheumatology Network meeting. The requesting clinician should attend this meeting, or be prepared to dial into the meeting, with access to the patient's notes (in case of further questions).

An adequate response using the Psoriatic Arthritis Response Criteria (PsARC), is defined as an improvement in at least 2 of the 4 PsARC criteria (including joint tenderness or swelling score) with no worsening in any criteria.
The length of time of the initial treatment before first review is specified by each NICE TA and listed overleaf.

People on apremilast, tofacitinib and guselkumab whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment, should be assessed by a dermatologist to determine whether continuing treatment is appropriate based on skin response.

Pathway definitions:

	Definition	Action
Primary Failure	Occurs when the response criteria (as defined within the NICE TA) is **not fully met** when response to treatment is assessed at the time interval defined within the NICE TA	Move to the NEXT treatment line/mode of action (if one is available)
Secondary Failure	Occurs when the response to treatment (as defined within the NICE TA) is **no longer met**	Move to the NEXT treatment line/mode of action (if one is available)
Primary intolerance/adverse effects	An occurrence that causes discontinuation of treatment, due to inability to tolerate side-effects of that treatment that occurs **during the initial time period defined by the NICE TA**	Use another option from the SAME treatment line
Secondary intolerance/adverse effects	An occurrence that causes discontinuation of treatment, due to inability to tolerate side effects of that treatment that occurs **after the initial time period defined by the NICE TA**	Move to the NEXT treatment line OR discuss at RN meeting
Conception	If conception plans or pregnancy indicate a change of drug is advisable, it is agreed that this **does not constitute a change in line of treatment**	Please update Blueteq accordingly

Drug choices and length of initial treatment before first review[1]:

Mode of action		Drug (green = most cost effective choice in class)	Initial treatment length as specified by NICE TA	NICE TA
PDE4 inhibitor (oral)		Apremilast	16 weeks	TA433
TNF alpha inhibitor		Adalimumab	12 weeks	TA199
		Certolizumab	12 weeks	TA445
		Etanercept	12 weeks	TA199
		Golimumab	12 weeks	TA220
		Infliximab	12 weeks	TA199
Interleukin inhibitors	IL-17	Ixekizumab	16 weeks	TA537
		Secukinumab	16 weeks	TA445
		Bimekizumab	16 weeks	TA916
	IL-23	Guselkumab	16-24 weeks (response dependant - see NICE)	TA815
		Risankizumab	16 weeks (response dependant - see NICE)	TA803
	IL-12/23	Ustekinumab	24 weeks	TA340
JAK inhibitor (oral)		Tofacitinib	12 weeks	TA543
		Upadacitinib	12 weeks	TA768

Notes:

- **IL23 inhibitors—**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.
- **Choice of JAK inhibitors—**As per their respective NICE TAs, generally, upadacitinib may be used after 2 conventional DMARDs *and* at least 1 biological DMARD and tofacitinib may be used after 2 conventional DMARDs. See NICE TA for further details.
- **Apremilast—** Apremilast is a FIRST line option—it is commissioned for use before other treatment options as NICE TA433[3] states that 'apremilast is not as clinically effective as the TNF-alpha inhibitors for treating psoriatic arthritis'. Applications to use apremilast other than as a first line should be made to the standard Rheumatology Network MDT process.
- If patients on **JAK inhibitors** need to change therapy due to the MHRA alert[4] issued 26th April 2023, then this would be considered a change within the same treatment line.
- As of November 2023, the Rheumatology Network agreed the following wording for its pathways "n*o differentiation between medicines targeting a specific part of the same pathway is applied e.g., the different JAK inhibitors and the different IL inhibitors. Until evidence is available that targeting a specific part of the same pathway gives different and additional gains in health-related outcomes and cost-effectiveness, these medicines will be considered to be within the same treatment line*".

References:
1. NICE Technical Guidance TA433, TA199, TA445, TA220, TA537, TA445, TA340, TA543, TA803, TA768, TA815, TA916. Available at https://www.nice.org.uk
2. Drug Safety Update. Tofacitinib (Xeljanz): new measures to minimise risk of major adverse cardiovascular events and malignancies. Available at: https://www.gov.uk/drug-safety-update/tofacitinib-xeljanzv-new-measures-to-minimise-risk-of-major-adverse-cardiovascular-events-and-malignancies
3. Apremilast for treating active psoriatic arthritis. Technology appraisal guidance [TA433] Published: 22 February 2017. Available at: https://www.nice.org.uk/guidance/ta433
4. Drug Safety Update. Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality. Available at: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality

Reviewed: NHS Surrey Heartlands ICS Medicines Resource Unit
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