Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath CCG) Crawley and Horsham & Mid-Sussex CCG

PRESCRIBING CLINICAL NETWORK (December 2016)

Post meeting note:

At the December 2016 PCN meeting treatment pathways for Psoriatic Arthritis and Spondyloarthritis were presented to the members. Both pathways were agreed with a maximum of two lines of biologic therapy in line with NICE:

TA340: Ustekinumab for treating active psoriatic arthritis (June 2015), where:
Ustekinumab is recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults only when:

- *treatment with tumour necrosis factor (TNF) alpha inhibitors is contraindicated but would otherwise be considered (as described in NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis and golimumab for the treatment of psoriatic arthritis) or*
- *the person has had treatment with 1 or more TNF–alpha inhibitors.*

TA407: Secukinumab for active ankylosing spondylitis after treatment with nonsteroidal anti-inflammatory drugs or TNF-alpha inhibitors, where:
Secukinumab is recommended, within its marketing authorisation, as an option for treating active ankylosing spondylitis in adults whose disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors).

Post meeting, it was noted that as a consequence of the publication of these NICE TAs there will be a cohort of patients who will be eligible, in both disease areas, for 3rd line therapy i.e. they may have already received treatment with the other TNF alpha inhibitors within the treatment pathway before the TAs were published.

As examples, a patient with Psoriatic arthritis who has had 2 TNF alpha inhibitors prior to ustekinumab being in the pathway will be eligible for Ustekinumab (IL23) and a patient with Spondyloarthritis who has had 2 TNF alpha inhibitors prior to secukinumab being in the pathway will be eligible for secukinumab (IL17).

A patient presenting new to the pathways (post December 2016) will be eligible for two lines of therapy only.

Blueteq forms will be developed so that specialists can notify commissioners of treatment initiation in this cohort.

PCN statements will be updated to include that there is a cohort of patients who have received all the lines of biologic treatment in the pathway but will now be eligible for treatment with either ustekinumab or secukinumab as per the appropriate NICE TA.