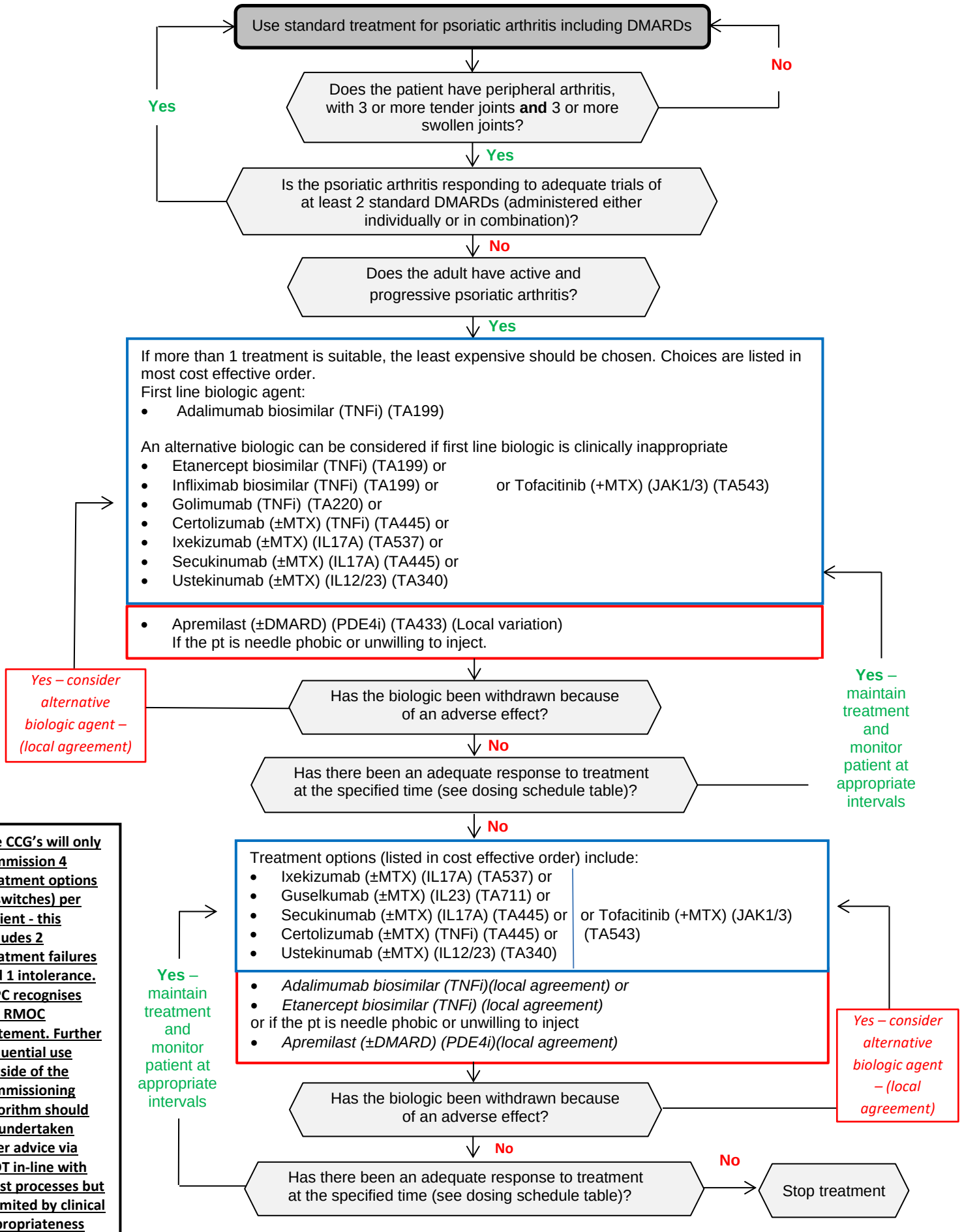
DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning guidance for the treatment of Psoriatic Arthritis



The CCG's will only commission 4 treatment options (3 switches) per patient - this includes 2 treatment failures and 1 intolerance. JAPC recognises the RMOC statement. Further sequential use outside of the commissioning algorithm should be undertaken after advice via MDT in-line with Trust processes but is limited by clinical appropriateness and safety

Date Reviewed: August 2021

NICE approved treatment

Local variation to NICE

Dosing schedule

Biologic	NICE TA	Loading dose	Maintenance dose	Response measured	
Subcutaneous preparations					
Adalimumab (SC)	TA199	40mg every 2 weeks	NA	12 weeks	Monoclonal antibody that specifically binds to TNF
Etanercept (SC)	TA199	50mg once weekly	NA	12 weeks	Recombinant human TNF receptor fusion protein.
Golimumab (SC)	TA220	50mg every month >100kg in body weight, 100mg every month after 3-4 initial doses.	NA	12 weeks	Monoclonal antibody that prevents the binding of TNF to its receptors.
Certolizumab (SC)	TA445	Week 0,2 & 4 - 400mg	200mg every 2 weeks or 400mg every 4 weeks	12 weeks	Recombinant humanised antibody Fab' fragment against TNF alpha
Secukinumab (SC)	TA445	For patients with concomitant moderate to severe plaque psoriasis: Week 0,1,2 & 3 – 300mg For other patients: Week 0,1,2 & 3 – 150mg	Week 4 – 300mg & then continue every month. Followed by monthly maintenance dosing 150mg starting at week 4.	16 weeks	Secukinumab is a high-affinity, fully human monoclonal antibody that binds to and neutralises interleukin-17A,
Ixekizumab (SC)	TA537	Week 0 – 160mg For patients with moderate to severe plaque psoriasis Week 0 – 160mg Week 2 - 80mg Week 4 – 80mg Week 6 – 80mg Week 8 – 80mg Week 10 – 80mg Week 12 – 80mg	Every 4 weeks Every 4 weeks thereafter.	16 weeks	Ixekizumab is an antibody that inhibits IL-17A (interleukin-17A, a pro-inflammatory cytokine).
Ustekinumab (SC)	TA340	Week 0 & 4 - 45mg or >100kg in body weight – 90mg	Every 12 weeks thereafter.	24 weeks	Ustekinumab is a fully human monoclonal antibody that targets interleukin-12 (IL-12) and IL-23
Guselkumab (SC)	TA711	Week 0 – 100mg Week 4 – 100mg	Every 8 weeks thereafter. For patients at high risk for joint damage according to clinical judgement, a dose of 100 mg every 4 weeks may be considered.	**Assess at 16 weeks** **Stop at 24 weeks** if PsA has not responded adequately using the Psoriatic Arthritis Response Criteria	PsARC; an adequate response is an improvement in at least 2 of the 4 criteria, 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 PASI 75 response, a dermatologist should decide whether continuing treatment is appropriate based on skin response. Guselkumab is a human monoclonal antibody that binds selectively to the interleukin 23 (IL-23) protein with high specificity and affinity. Selective blockade of IL-23 normalises production of cytokines that drive inflammatory disease.

Intravenous infusion					
Infliximab (IV)	TA199	Week 0, 2 & 6 - 5mg/kg IV	5mg/kg IV every 8 weeks thereafter	12 weeks	Chimeric monoclonal antibody, with high affinity to TNF.
Oral preparations					
Apremilast (PO)	TA433	• Day 1 - 10mg am • Day 2 - 10mg am & pm • Day 3 - 10mg am, 20mg pm • Day 4 - 20mg am & pm • Day 5 - 20mg am & 30mg pm	Day 6 and thereafter - 30mg am & pm	16 weeks	Apremilast is an oral small-molecule inhibitor of phosphodiesterase 4 (PDE4), works intracellularly to modulate a network of pro-inflammatory and anti-inflammatory mediators
Tofacitinib (PO)	TA543	• 5mg twice daily	NA	12 weeks	Inhibitor of JAK1 and JAK3. Treatment should be interrupted if a patient develops a serious infection until the infection is controlled.

Adequate response - PsARC criteria

Only continue treatment if there is clear evidence of response, 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.

Swollen joint count (3 or more)
Tender joint count (3 or more)
Patient global assessment score (on 0-5 Likert scale)
Physicians global assessment score (on 0-5 Likert scale)