Psoriatic Arthritis

LSCMMG Recommended Treatment Pathway

Lancashire & South Cumbria Medicines Management Group

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

DMARDS	1 st Line High Cost Drug	2 nd and 3 rd Line High Cost Drugs	
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.	TNF inhibitor Adalimumab Etanercept Infliximab Certolizumab Pegol Golimumab	TNF inhibitor Adalimumab Etanercept Infliximab Certolizumab Pegol Golimumab	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.
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	IL-inhibitors Secukinumab** (17A) Ixekizumab** (17A) Ustekinumab* (12&23) Guselkumab* (23)	IL-inhibitors Secukinumab (17A) Ixekizumab (17A) Ustekinumab (12&23) Guselkumab (23) Risankizumab (23)	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.
tender joints and ≥3 swollen joints AND Not responded to adequate trials of ≥2 standard DMARDs,	JAK inhibitor – see MHRA alert Tofacitinib** Upadacitinib*	JAK inhibitor– see <u>MHRA alert</u> Tofacitinib Upadacitinib	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.
administered either individually or in combination.	PDE4 Inhibitor Apremilast	PDE4 Inhibitor Apremilast	For any additional or alternative conditions for use, see page 2.

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		Additional or alternative conditions for use			Response		
Biologic	ТА				Assess response after	Definition of adequate response	
Adalimumab							
Etanercept	199				12 weeks		
Infliximab							
Certolizumab Pegol	445				12 weeks		
Secukinumab**	445	the first 12 weeks	<u>OR</u> The person has had a TNF- alpha inhibitor but their disease has not responded within the first 12 weeks.	OR TNF-alpha inhibitors are contraindicated but would otherwise be considered.	16 weeks	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.	
lxekizumab**	537				16 weeks		
Tofacitinib**	543				12 weeke		
Golimumab	220				12 weeks	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	
Apremilast	433				16 weeks	determine whether continuing treatment is appropriate on the basis of skin response.	
Ustekinumab*	340		OR The person has had treatment with 1 or more TNF–alpha inhibitors.		24 weeks		
Guselkumab*	815	<u>AND</u> TNF-alpha inhibitors are contraindicated but would otherwise be considered.			16 - 24 weeks		
Upadacitinib*	768				12 weeks		
Risankizumab	803	AND Has moderate to severe psoriasis.	AND Has had at least 1 biological DMARD.		16 weeks		