## **Psoriatic Arthritis**

Medicines Management Group

LSCMMG Recommended Treatment Pathway

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

**DMARDS** 

1st Line High Cost Drug

2<sup>nd</sup> and 3<sup>rd</sup> 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.

NSAIDs and corticosteroids can be utilised for short term use to

High cost drugs can only be considered if the patient has 4:

Peripheral arthritis with ≥3

Not responded to adequate trials of ≥2 standard DMARDs, administered either individually

Etanercept Infliximab Certolizumab Pegol

Golimumab

TNF inhibitor

Adalimumab

**IL-inhibitors** 

Secukinumab (17A) Ixekizumab (17A) Ustekinumab (12&23) Guselkumab (23) Bimekizumab (17A/F/AF)

JAK inhibitor - see Tofacitinib **Upadacitinib** 

PDE4 Inhibitor **Apremilast** 

TNF inhibitor

Adalimumab Etanercept Infliximab Certolizumab Pegol Golimumab

**IL-inhibitors** 

Secukinumab (17A) Ixekizumab (17A) Ustekinumab (12&23) Guselkumab (23) Risankizumab (23) Bimekizumab (17A/F/AF)

JAK inhibitor- see MHRA aler Tofacitinib Upadacitinib

> PDE4 Inhibitor **Apremilast**

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.

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.

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.

▲ For any additional or alternative conditions for use, see page 2.

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	ТА	Additional or alternative conditions for use			Response	
Biologic					Assess response after	Definition of adequate response
Adalimumab					12 weeks	
Etanercept	199					
Infliximab						
Certolizumab Pegol	445				12 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.
Secukinumab	443	OR The person has had a TNF- alpha inhibitor but their disease has <b>stopped</b> responding after the first 12 weeks.	OR The person has had a TNF-alpha inhibitor but their disease has <b>not</b> responded within the first 12 weeks.	OR TNF-alpha inhibitors are contraindicated but would otherwise be considered.	16 weeks	
Ixekizumab	537				16 weeks	
Tofacitinib	543				12 weeks	
Golimumab	220				12 weeks	People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response at the assessment (see column to left) but whose PsARC response does
Apremilast	433				16 weeks	not justify continuation of treatment should be assessed by a dermatologist to determine whether
Ustekinumab	340		OR The person has had treatment with 1 or more TNF–alpha inhibitors.		24 weeks	continuing treatment is appropriate on the basis of skin response.
Guselkumab	815	AND TNF-alpha inhibitors are contraindicated but would otherwise be considered.				
Upadacitinib	768				12 weeks	
Risankizumab	803	AND Has moderate to severe psoriasis.	AND Has had at least 1 biological DMARD.		16 weeks	
Bimekizumab	916	OR TNF-alpha inhibitors are contraindicated but would otherwise be considered.	OR Has had at least 1 biological DMARD.		16 Weeks	