# Ustekinumab for treating active psoriatic arthritis (rapid review of technology appraisal guidance 313), June 2015

## HMMC Recommendation:

Ustekinumab is the commissioning responsibility of CCGs.

**NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY CARE.**

RECOMMENDED FOR RESTRICTED USE IN SECONDARY CARE.

Place in therapy agreed with local specialists, where patient meets NICE initiation criteria for biologic treatment:

a) Third line biologic choice where disease has not responded to 2 prior TNF inhibitors, or where they have been discontinued due to intolerance.

b) Second line biologic choice following 1 prior TNF inhibitor, where clinical rationale is provided explaining why ustekinumab is clinically a more appropriate choice as second line biologic treatment. Rationale may include primary failure of anti TNF, or where anti TNF is discontinued due to an adverse effect that is recognised as a class adverse effect.

c) First line biologic choice only in patients with contraindications to TNF inhibitor which are not contraindications to ustekinumab, such as grade III and IV heart failure and multiple sclerosis (or other demyelinating conditions),

   - The number of patients in categories (b) and (c) above are expected to be small.
   - Starting criteria for biologics in psoriatic arthritis:
     - The person has peripheral arthritis affecting > 3 tender joints and >3 swollen joints, AND
     - The psoriatic arthritis has not responded to adequate trials of at least two standard DMARDs, administered either individually or in combination,
   - Stopping criteria as per NICE recommendation 1.2 below apply.
   - Clinicians wishing to treat psoriatic arthritis using ustekinumab must seek patient specific prior approval using the appropriate (e)proforma, which sets out the local commissioning criteria.

## NICE Recommendation:

1.1 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.

Ustekinumab is recommended only if the company provides the 90 mg dose of ustekinumab for people who weigh more than 100 kg at the same cost as the 45 mg dose, as agreed in the patient access scheme.

1.2 Ustekinumab treatment should be stopped if the person's psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis Response Criteria (PsARC) at 24 weeks. An adequate response is defined as 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. As recommended in NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis, people 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 on the basis of skin response (see NICE technology appraisal guidance on ustekinumab for the treatment of adults with moderate to severe psoriasis NICE TA180).

## Reference: