Systemic Biological Therapy for Psoriatic Arthritis

Hull University Teaching Hospitals NHS Trust

If a person has both psoriasis and psoriatic arthritis, take into account both conditions before initiating or making changes to biological therapy and manage their treatment in consultation with a rheumatologist

The person has peripheral arthritis with ≥3 tender joints and ≥3 swollen joints,
AND
The psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying antirheumatic drugs (DMARDs), administered either individually or in combination.

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FIRST LINE
Choose one from the biosimilar agents:
Etanercept (Benepali) (Anti-TNF) (TA199)
Adalimumab (Amgevita) (Anti-TNF) (TA199)

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SECOND LINE
Choose one of:
Infliximab (Remsima) (Anti-TNF) (TA199)
Ustekinumab (IL-12/23) (TA340)
Apremilast (TA433)
Golimumab (Anti-TNF) (TA220)
Tofacitinib (JAK inhibitor) (TA543)
Ixekizumab (IL-17A) (TA537)
Secukinumab (IL-17A) (TA445)
Guselkumab (IL-23) (TA711)
Certolizumab (Anti-TNF) (TA445)

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THIRD LINE

Choose an alternative mechanism of action from the first and second line choices.

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FOURTH LINE

Choose an alternative mechanism of action from the first, second land third line choices.

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If no improvement, stop bDMARD

(requests for further bDMARD are subject to IFR process).

Review if there has been an adequate response to therapy at the following time frames:

- 24 weeks (ustekinumab)
- 16 weeks (adalimumab, apremilast, certolizumab, dimethyl fumarate, guselkumab, risankizumab)
- 12 weeks (brodalumab, etanercept, ixekizumab, secukinumab, tildrakizumab)
- 10 weeks (infliximab)

If secondary non-response or tolerance, move to the next step of the pathway. If positive response, maintain treatment and re-assess every 3-6 months.

An adequate response is defined as 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.

People whose disease has a PASI 75 response at 12 weeks but whose PsARC response does not justify continuation of treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response.

Choice of Biologic then dependent upon:-

Cost effectiveness (Adalimumab or Etanercept biosimilar first line when clinically appropriate)
Proven efficacy and safety profile in long term use
Patient co-morbidities
Ease vs complexity of monitoring
Dosing schedule as per patient needs, patient device preference
Ustekinumab dose escalation for patients <100 Kg based on patient's response to treatment, local, regional and national experience and close monitoring of effectiveness and side effects profile