

Quick reference guide

Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (review of technology appraisal guidance 104 and 125)

NOTE: This guidance replaces NICE technology appraisal guidance 104 issued in July 2006 and NICE technology appraisal guidance 125 issued in August 2007.

NICE reviews each piece of guidance it issues. This review and re-appraisal has resulted in an extension to the guidance:

- Etanercept, infliximab and adalimumab are all recommended for the treatment of active and progressive psoriatic arthritis, based on specific criteria. Treatment choice should be started with the least expensive drug (taking into account drug administration costs, required dose and product price per dose).
- The guidance recommends that treatment should be discontinued if people's disease does not show an adequate response on the Psoriatic Arthritis Response Criteria (PsARC) at 12 weeks. Healthcare professionals should also consider continuing treatment if people's skin disease has a Psoriasis Area and Severity Index (PASI) 75 response at 12 weeks in the absence of an adequate PsARC response. This assessment should be done by a dermatologist to determine whether continued treatment is appropriate on the basis of the skin response alone.

Guidance

- 1 Etanercept, infliximab and adalimumab are recommended for the treatment of adults with active and progressive psoriatic arthritis when the following criteria are met.
 - The person has peripheral arthritis with three or more tender joints and three or more 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.
- 2 Treatment as described in 1 should normally be started with the least expensive drug (taking into account drug administration costs, required dose and product price per dose). This may need to be varied for individual patients because of differences in the method of administration and treatment schedules.
- 3 Etanercept, adalimumab or infliximab treatment should be discontinued in people whose psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis Response Criteria (PsARC) at 12 weeks. 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 Psoriasis Area and 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 determine whether continuing treatment is appropriate on the basis of skin response (see 'Etanercept and efalizumab for the treatment of adults with psoriasis' [NICE technology appraisal guidance 103], 'Infliximab for the treatment of adults with psoriasis' [NICE technology appraisal guidance 134] and 'Adalimumab for the treatment of adults

NICE technology appraisal guidance 199

The guidance was developed using the NICE multiple technology appraisal process.

NICE technology appraisal guidance is about the use of new and existing medicines and treatments in the NHS in England and Wales.

with psoriasis' [NICE technology appraisal guidance 146] for guidance on the use of tumour necrosis factor [TNF] inhibitors in psoriasis).

- 4 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.

Implementation tools

NICE has developed tools to help organisations put this guidance into practice (listed below). These are available on our website (www.nice.org.uk/guidance/TA199).

- A costing statement explaining the resource impact of this guidance.
- Audit support for monitoring local practice.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/guidance/TA199

- A quick reference guide (this document) – the recommendations.
- 'Understanding NICE guidance' – a summary for patients and carers.
- The NICE guidance.
- Details of all the evidence that was looked at and other background information.

For printed copies of the quick reference guide or 'Understanding NICE guidance', phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N2278 (quick reference guide)
- N2279 ('Understanding NICE guidance').

Updating the appraisal

This technology appraisal will be considered for review in June 2013. Information about the progress of a review will be available at www.nice.org.uk/guidance/TA199

This guidance represents the view of NICE, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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