# Biologics Pathway for Psoriatic Arthritis in Dorset 2014

A patient with active and progressive psoriatic arthritis is eligible for first biologic using NICE TA199 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.

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**1st line Biologic**

Treatment 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.
Etanercept, adalimumab, certolizumab or golimumab will usually be considered as the first line choice.
Infliximab can be considered in patients in patients who will comply better with IV medications or patients expressing a preference for IV medication. Unless contraindicated or not tolerated methotrexate should be used in combination.

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**On-going treatment**

Patients with adverse effects to one TNF antagonist in the first 12 weeks of treatment may be switched to an alternative first-line agent.

The biologic 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

Patients demonstrating NICE response (using PsARC) to a TNF antagonist every 6 months can continue treatment if clinically indicated*

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**2nd line Biologic**

Non-response, loss of response or adverse events to the first line biologic consider switching to second NICE approved biologic option and continue to assess response as per NICE guidance above.

Where a patient does not demonstrate an adequate response to a second line agent discontinue biologic use and manage symptoms with conventional therapy.

* 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.