

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	8 th September 2015
Appraisal & Details	<p>The sequential use of TNF Inhibitors in the management of psoriatic arthritis</p> <p>The Northern (NHS) Treatment Advisory Group considered an appraisal of the sequential use of TNF inhibitor therapies in the management of psoriatic arthritis. This recommendation covers the subsequent use of adalimumab, etanercept, golimumab, certolizumab pegol and infliximab (incl biosimilars).</p>
Recommendation	<p>The Northern (NHS) Treatment Advisory Group recommends that the sequential use of TNF inhibitors can be considered in the case of failure due to inefficacy or adverse effects (AEs) and if the patient still has active disease. Sequential use must be assessed and reviewed by a multidisciplinary team within the Trust and patients must continue to fulfil the NICE 'start-stop' criteria when prescribing a TNF inhibitor for psoriatic arthritis.</p> <p>Choice of subsequent TNF inhibitor will be led locally by the specialist teams and this may need to be varied for individual patients based on the reason for primary failure. The group noted good practice around sequential use at both Northumberland and Newcastle NHS Foundation Trusts and recommends a similar approach across the region.</p>
Clinical evidence summary	<p>No randomised controlled trials have specifically investigated the sequential use of biological drugs in the treatment of PsA. The evidence to support the sequential use is limited to registry data, observational studies and regional audits. The response rates to sequential treatment varied significantly between these studies, but overall responses were lower during second and third treatment courses. An ACR20 response to a second TNF inhibitor was seen in between 22% -54% of patients. A recent NICE TA notes that in June 2015, the Appraisal Committee heard from the clinical experts that the sequential use of TNF inhibitors is established practice in the NHS. The committee also noted that the 2012 NICE commissioning guide on biologic drugs for the treatment of inflammatory disease in rheumatology, dermatology and gastroenterology does not explicitly recommend sequential use of TNF inhibitors in PsA, but considered that both the guide and the published TAs do not preclude this use.</p>
Safety	<p>Safety data relating to specifically to the sequential use of biological drugs in the treatment of PsA are very limited, however it would be reasonable to assume that their safety profile would be comparable to that observed when a TNF inhibitor is used as a first-line.</p>
Patient Perspective	<p>Around a third of patients will fail on first line TNF-Inhibitor therapy. There are limited options available for patients with active disease who fail on first line biologic therapy. Severe psoriatic arthritis can lead to permanent disability. Employment can be affected and patients may worry about caring for young children. The psychological impact of living with psoriatic arthritis should not be underestimated.</p>



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Cost analysis summary	<p>NICE guidance recommends that treatment should normally be started with the least expensive drug (taking into account administration costs, required dose and product price per dose), and this may need to be varied for individual patients because of differences in the method of administration and treatment schedules.</p> <p>The estimated average annual first year cost per PsA patient ranges from £7,000 to £17,000 including administration costs, but excluding VAT. The estimated average annual maintenance cost per PsA patient ranges from £8,500 to £14,000 including administration, but excluding VAT.</p> <p>Regional procurement discounts may be available for this group of drugs.</p>
Financial Impact PbR: excluded	<p>Whilst patient numbers are difficult to predict, the financial impact of sequential use of TNF inhibitors is likely to be cost neutral as one TNF inhibitor would be stopped prior to starting another.</p>