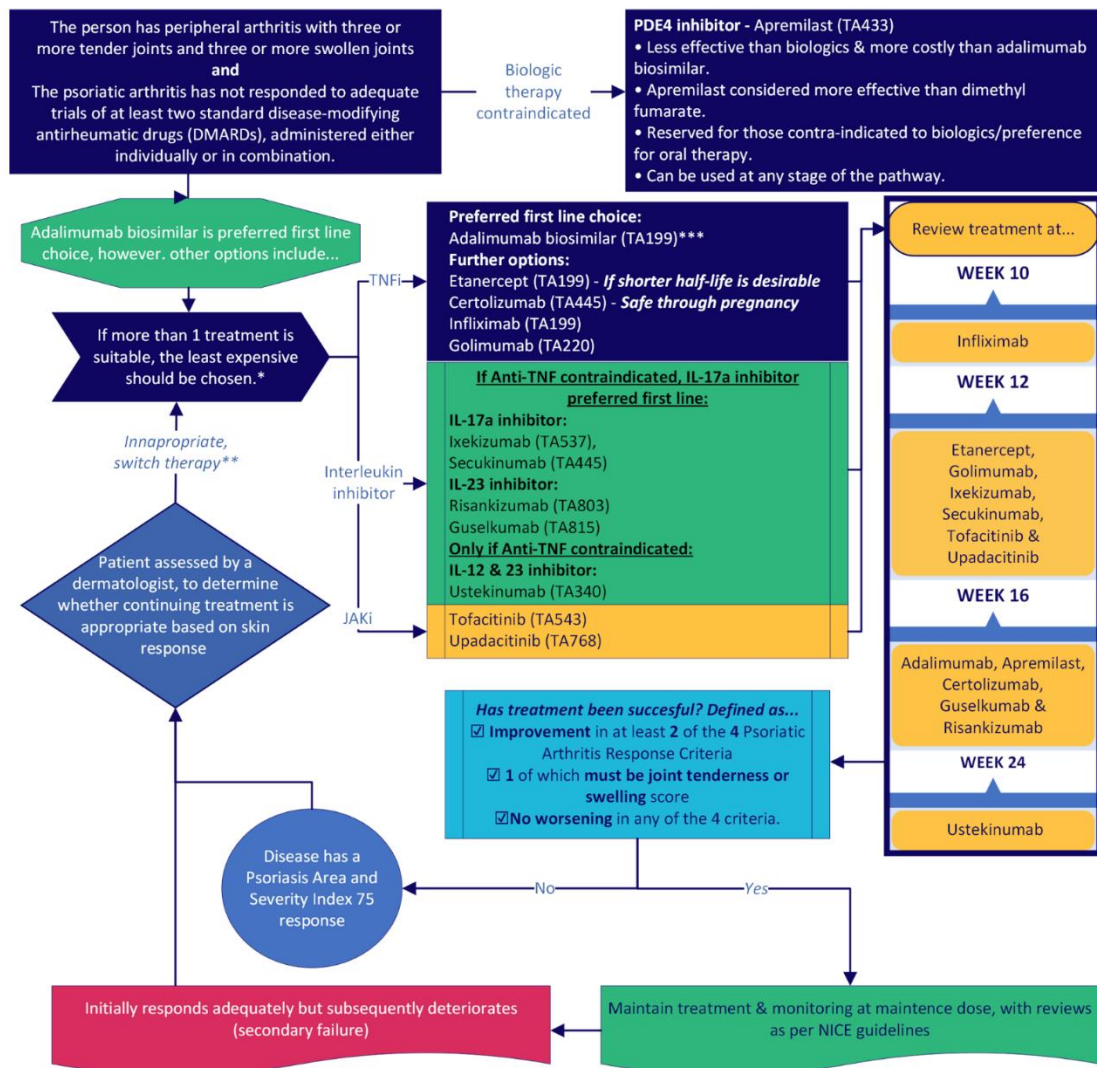


Psoriatic Arthritis high-cost drugs summary

Drug	Relative cost	American College of Rheumatology 50% response		Psoriasis area and severity index 75% response		Minimal disease activity rates at week 24	Licence in PsA	P3 data in AS/AxSpA	Licence in AS/AxSpA	P3 data in IBD	Licence in IBD	Licence in uveitis	Enthesitis efficacy	Dactylitis efficacy	Contra-indications	Key safety issues
		Week 12-16	Week 24	Week 12-16	Week 24											
Adalimumab (ADA)		 3%	 6%	 4%	 1%	 6%	✓	✓	✓	✓	✓	✓	N/A	N/A	NY class 3/4 heart failure	Demyelination, non-melanoma skin cancer, infections
Infliximab (INF)		 2%	 4%	 2%	 1%	 36%	✓	✓	✓	✓	✓	X	✓	✓		
Etanercept (ETN)		 4%	 4%	 3%	 23%	 23%	✓	✓	✓	X	X	X	N/A	N/A	NY class 3/4 heart failure	Demyelination, non-melanoma skin cancer, infections
Upadacitinib (UPAD)		 13%	 19%	 21%	 12%	 37%	✓	✓	X	✓ (UC)	✓ (UC)	X	✓	X	Severe hepatic impairment	
Tofacitinib (TOFA)		 10%	 15%	 19%	 26%	 26%	✓	✓	X	✓ (UC)	✓ (UC)	X	✓ (pooled)	✓ (pooled)	Severe hepatic impairment	Herpes zoster, VTE, malignancy risk, MACE
Apremilast (APR)		 7%	 4%	 6%	 5%	 21%	✓	X	X	X	X	X	✓ (pooled)	✓ (pooled)		Suicidal thought and behaviour
Ixekizumab (IXE)		 5%	 15%	 8%	 10%	 30%	✓	✓	✓	X	X	X	✓ (pooled)	✓		IBD, fungal & bacterial infections
Secukinumab (SEC)		 9%	 9%	 13%	 32%	 41%	✓	✓	✓	X	X	X	✓	✓		IBD, fungal & bacterial infections
Certolizumab pegol (CZP)		 12%	 15%	 17%	 20%	 6%	✓	✓	✓	✓ (CD)	✓ (CD)	X	✓	✓	NY class 3/4 heart failure	Demyelination, non-melanoma skin cancer, infections
Ustekinumab (UST)		 9%	 26%	 9%	 11%	 60%	✓	✓	✓	✓	✓	X	✓	✓		Exfoliative dermatitis
Risankizumab (RSK)		 7%	 9%	 26%	 26%	 26%	✓	X	X	✓ (CD)	X	X	✓	✓		Infections
Golimumab (GOL)		 2%	 4%	 3%	 1%	 0%	✓	✓	✓	✓ (UC)	✓ (UC)	X	✓	✓	NY class 3/4 heart failure	Demyelination, non-melanoma skin cancer, infections
Guselkumab (GUS)		 14%	 31%	 23%	 23%	 11%	✓	X	X	✓ (CD)	X	X	✓ (pooled)	✓ (pooled)		



*** Choice of therapeutic agent as first line**

• Although Adalimumab biosimilar is the least costly option, there are numerous situations when this option would be inappropriate. No drug class is recommended in preference to another (As per BSR guidelines). As per NICE guidance, treatment should normally be started with the least expensive drug (considering the dose required, price per dose and any additional administration costs).

**** Switching to a second biologic in psoriatic arthritis**

• PsA sufferers frequently experience a lack of response to or a loss of response to advanced therapy. Consequently, no suggestions for a particular treatment class are offered. **Generally, after primary failure, switching drug class would be preferred over one with the same mechanism of action.** For secondary failure, the same manner of intervention may be the best course of action following secondary failure. See table on reverse of summary document for further information on available options.

***** Weekly Adalimumab escalation**

• As per local agreement (TAG - May 2023), patients on the usual dose of adalimumab 40mg every 2 weeks subcutaneously, who have experienced loss of efficacy with subtherapeutic trough adalimumab levels. Note, the following exclusions apply; patients on the originator (Humira) & patients who have anti-drug antibodies. See full pathway for further details

Published MHRA Warnings for Specific Agents:

- **Apremilast (Otezla®):** risk of suicidal thoughts and behaviour ([January 2017](#))
- **All JAK inhibitors:** increased incidence of malignancy, major adverse cardiovascular events (MACE), serious infections, venous thromboembolism (VTE) and mortality ([April 2023](#))