MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

GUSELKUMAB FOR TREATING ACTIVE PSORIATHIC ARTHRITIS AFTER INADEQUATE RESPONSE TO DMARDs
NICE TA711, JUNE 2021

RED – RECOMMENDED FOR RESTRICTED USE in Secondary Care

Name: generic (trade)	What it is	Licensed indications	Decision status	NICE guidance
GUSELKUMAB (Tremfya®▼)	**Guselkumab is a human monoclonal antibody that inhibits IL-23**	**Treatment of active psoriatic arthritis in adult patients who have had an inadequate response or who have been intolerant to a prior disease-modifying antirheumatic drug (DMARD) therapy**	**Final**	**NICE TA711 – recommended**

MSEMOC recommendation:

Guselkumab is recommended as a treatment option for active psoriatic arthritis after inadequate response to DMARDs in accordance with NICE technology appraisal recommendations and MSE severe psoriatic arthritis pathway.

NICE TA711 recommendation:

1.1 Guselkumab, alone or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them, only if they have:

- peripheral arthritis with 3 or more tender joints and 3 or more swollen joints
- moderate to severe psoriasis (a body surface area of at least 3% affected by plaque psoriasis and a Psoriasis Area and Severity Index [PASI] score greater than 10)
- had 2 conventional DMARDs and at least 1 biological DMARD.

Guselkumab is recommended only if the company provides it according to the commercial arrangement

1.2 Assess the response to guselkumab from 16 weeks. Stop guselkumab at 24 weeks if psoriatic arthritis has not responded adequately using the Psoriatic Arthritis Response Criteria (PsARC; an adequate response is an improvement in at least 2 of the 4 criteria, 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria). If PsARC response does not justify continuing treatment but there is a PASI 75 response, a dermatologist should decide whether continuing treatment is appropriate based on skin response.

1.3 Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the PsARC, and make any appropriate adjustments.

1.4 Take into account how skin colour could affect the PASI score and make any appropriate adjustments.

1.5 These recommendations are not intended to affect treatment with guselkumab that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

For further information refer to the Summary of Product Characteristics for guselkumab.
Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

References	NICE TA711: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs: https://www.nice.org.uk/guidance/ta711
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