Oxfordshire Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 268b (TVPC46) Sequential use of biologic therapies and Janus-associated tyrosine kinases (JAK) inhibitors in Psoriatic Arthritis – INTERIM POLICY

Recommendation made by the Priorities Committee: **July 2016 / Updated January 2019[1] / Updated March 2021[2]**

Date of issue: **July 2021**

Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE Technology Appraisal Guidance (TAG) for the sequential use of biologic therapies and JAK inhibitors in Psoriatic Arthritis. The Committee supports the use of biologics and JAK inhibitors as per NICE Technology Appraisal Guidance[3,4,5,6,7,8].

As per NICE guidance, if more than one tumour necrosis factor-alpha antagonist (anti-TNF) treatment is suitable, the least expensive should be chosen (taking into account tariff and price per dose plus individual patient factors)[3] . Where appropriate, a biosimilar product should be used in preference to the originator brand.

Switching to another anti-TNF is a treatment option, if clinically appropriate, following a documented adverse drug reaction or after secondary failure of anti-TNF treatment.

Dose escalation is supported within the marketing authorisation when considered clinically appropriate for secondary loss of response.

Thames Valley Priorities Committee supports the sequential use of up to four biologic drugs or JAK inhibitors. Due to the lack of national guidance and good quality evidence of clinical effectiveness of sequential use, the use of a 5th biologic or JAK inhibitor is not normally funded.

If a patient is required to switch from a biosimilar to an originator drug or vice versa this will not be classed as a switch to an alternative biologic drug.

[1] New NICE TAGs and wording on biosimilar products and future NICE TAGs have been added and the flowcharts removed; no further changes have been made.
[2] Updated to increase the number of sequential biologics / JAK inhibitors routinely funded to 4. Policy made interim.
[3] https://www.nice.org.uk/guidance/ta199
[4] https://www.nice.org.uk/guidance/ta220
[5] https://www.nice.org.uk/Guidance/TA340
[6] https://www.nice.org.uk/guidance/ta537
[7] https://www.nice.org.uk/guidance/ta445
[8] https://www.nice.org.uk/guidance/TA543

When a change from a drug is required **only** due to a documented local injection site reaction or an infusion reaction this will **not** be considered to be a switch to a subsequent drug.

Note that this policy will also apply to all biologic therapies and JAK inhibitors recommended by NICE TAGs for psoriatic arthritis that are published post March 2021.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/
- Oxfordshire CCG's clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm