

British Association of Dermatologists
Comments on Multiple Technology Appraisal ID579:
Certolizumab pegol and secukinumab for treating active psoriatic arthritis
following inadequate response to disease modifying anti-rheumatic drugs
April 2016

The scope makes no mention of people with concurrent skin disease. As per NICE CG153, before making changes to biological therapy, for patients with psoriatic arthritis and psoriasis, both compartments should be considered. Where available outcomes on skin disease (e.g. PASI, DLQI) should be included. There is mention of looking at PASI scores in outcomes, and we advise looking at DLQI also.

For the same reasons, the sequences of drugs may be influenced by whether or not skin disease is present, given that some biologics are either not as effective as others or have different dosing schedules for psoriatic arthritis and psoriasis (e.g. secukinumab) or where there is a differential response in either compartment (e.g. responding in joints but not skin).

Dr Pamela McHenry
Chair, Therapy & Guidelines Sub-Committee