

Ustekinumab for treating active psoriatic arthritis

Information for the public

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What has NICE said?

Ustekinumab (Stelara) is recommended as a possible treatment, alone or with a drug called methotrexate, for adults with active psoriatic arthritis when treatment with non-biological disease-modifying antirheumatic drugs (or DMARDs) has not worked well enough if:

- treatment with tumour necrosis factor (TNF) alpha inhibitors is not suitable for them, or
- the person has had a TNF-alpha inhibitor before.

Treatment with ustekinumab should be stopped after 24 weeks if it is not working well enough.

What does this mean for me?

If you have psoriatic arthritis and your doctor thinks that ustekinumab is the right

treatment, you should be able to have the treatment on the NHS. Ustekinumab should be available on the NHS within 3 months of the guidance being issued.

If you are not eligible for treatment as described above, you should be able to continue taking ustekinumab until you and your doctor decide it is the right time to stop.

Why has NICE said this?

NICE looks at how well treatments work in relation to how much they cost compared with other treatments available on the NHS.

Ustekinumab was recommended because the benefits to patients justify its cost.

The condition and the treatment

Psoriatic arthritis is caused by inflammation, which results in painful, swollen or stiff joints. It usually develops in people who already have the skin condition psoriasis and is described as 'active' when the skin or joint symptoms occur.

Ustekinumab (Stelara) changes the body's inflammatory response to reduce the symptoms of psoriatic arthritis.

NHS Choices (www.nhs.uk) may be a good place to find out more.

Sources of advice and support

- Psoriasis Association, 08456 760076 or 01604 251620, www.psoriasis-association.org.uk
- Psoriasis and Psoriatic Arthritis Alliance, 01923 672837, www.papaa.org

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Accreditation

