



Resource impact statement

Resource impact

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No significant resource impact is anticipated

NICE has recommended [guselkumab](#) alone or with methotrexate, 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. It is recommended only if they have had 2 conventional DMARDs and:

- had at least 1 biological DMARD or
- tumour necrosis factor-alpha (TNF-alpha) inhibitors are contraindicated but would otherwise be considered (as described in [NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis](#))

Guselkumab is recommended only if the company provides it according to the commercial arrangement. Active psoriatic arthritis is defined as peripheral arthritis with 3 or more tender joints and 3 or more swollen joints.

The 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.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

This is because the technology is a further treatment option and is available at a similar price to the current treatment options.

For the rapid review, the committee considered the results of an indirect comparison suggesting that guselkumab is as effective as the biological DMARDs secukinumab and ixekizumab for the outcomes included in the comparison, and particularly for skin symptoms. The recommendations in the rapid review allow for all people who have previously received a biological treatment and people who have contraindications to a TNF-alpha inhibitor to access guselkumab.