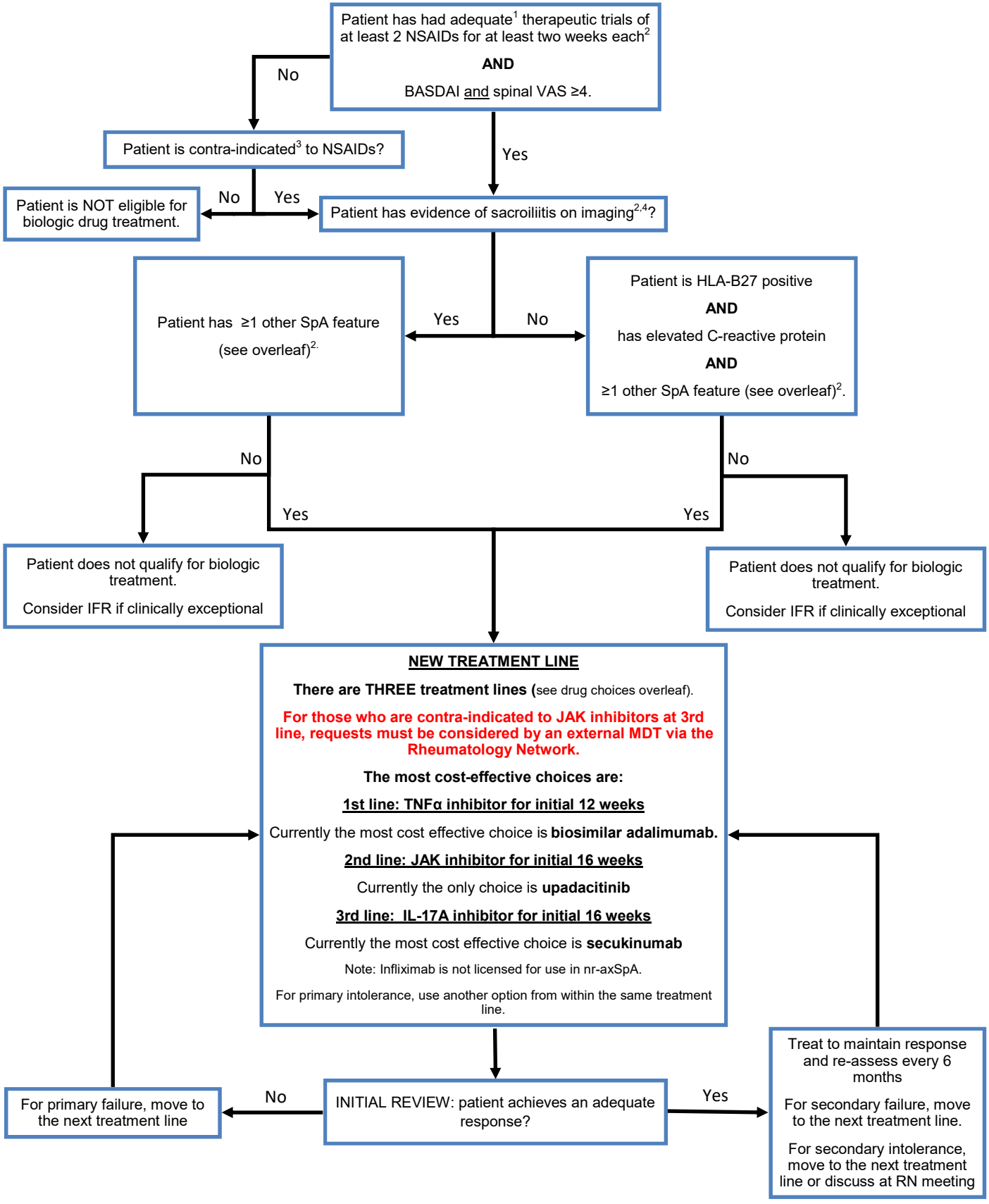
AXIAL SPONDYLOARTHRITIS IMMUNOMODULATOR TREATMENT PATHWAY (ADULTS)

Approved by NHS Surrey Heartlands ICS Area Prescribing Committee - *** 2024**



Adequate response as defined by NICE —reduction of BASDAI to 50% of pre-treatment value or by 2 (or more) units AND reduction of the spinal pain VAS by 2cm or more.

Pathway definitions

	Definition	Action
Primary Failure	Occurs when the response criteria (as defined within the NICE TA) is **not fully met** when response to treatment is assessed at the time interval defined within the NICE TA	Change to a new mode of action which will count as a new treatment line
Secondary Failure	Occurs when the response to treatment (as defined within the NICE TA) is **no longer met**	Change to a new mode of action which will count as a new treatment line
Primary intolerance/ adverse effects	An occurrence that causes discontinuation of treatment, due to inability to tolerate side-effects of that treatment that occurs **during the initial time period defined by the NICE TA**	Change to a new mode of action which will NOT count as a new treatment line
Secondary intolerance/ adverse effects	An occurrence that causes discontinuation of treatment, due to inability to tolerate side effects of that treatment that occurs **after the initial time period defined by the NICE TA**	Change to a new mode of action which will count as a new treatment line OR discuss at RN meeting
Conception	If conception plans or pregnancy indicate a change of drug is advisable, it is agreed that this **does not constitute a change in line of treatment**	Please update Blueteq accordingly

Ax SpA features (ASAS criteria for classification of axial spondyloarthritis (to be applied to patients with chronic back pain and age of onset of back pain <45 years)[5]

- Inflammatory back pain	- Uveitis	- Crohn's/colitis	- HLA-B27
- Arthritis	- Dactylitis	- Good response to NSAIDs	- Elevated CRP
- Enthesitis (heel)	- Psoriasis	- Family history for SpA	

Drug choices:

Technology			r-axSpA (ankylosing spondylitis [AS])		nr-axSpA	
			License	NICE TA	License	NICE TA
TNF alpha inhibitor		Adalimumab	✓	TA383	✓	TA383
		Certolizumab	✓	TA383	✓	TA383
		Etanercept	✓	TA383	✓	TA383
		Golimumab	✓	TA383	✓	TA497
		Infliximab	✓	TA383	×	×
IL-17 inhibitor	IL17-A	Secukinumab	✓	TA407	✓	TA719
	IL-17A and IL-17A/F	Ixekizumab	✓	TA718	✓	TA718
	IL-17A and IL17F	Bimekizumab	✓	TA918	✓	TA918
JAK inhibitor (oral)		Upadacitinib	✓	TA829	✓	TA861
		Tofacitinib	✓	TA920	×	×

The most cost-effective drugs are:

TNFα inhibitor: Biosimilar adalimumab

JAK inhibitor: Upadacitinib

IL-17A inhibitor: Secukinumab

Notes:

- Infliximab should only be used if there are compliance problems with self-injection OR patient is unable or unwilling to self inject e.g. needle phobia, severely impaired manual dexterity.
- No product is licensed for use in patients with nr-AxSpA without elevated CRP level.
- If there is a history of recurrent uveitis or active IBD, preference should be given to a TNFα inhibitor. In patients with significant psoriasis, an IL-17A inhibitor may be preferred.[6]
- The task force[6] recommends being restrictive with starting JAK inhibitor in patients above the age of 50 years with one or more additional cardio vascular risk factors and to those above the age of 65 years.
- If patients on JAK inhibitors need to change therapy due to the MHRA alert[7] issued 26th April 2023, then this would be considered a change within the same treatment line.

References:

1. NICE Technical Guidance TA383, TA407, TA718, TA719, TA829, TA861, TA918, TA920. Available at: NICE | The National Institute for Health and Care Excellence
2. BSR and BHPR guideline for the treatment of axial spondyloarthritis (including ankylosing spondylitis) with biologics. Rheumatology. 2017 Feb:56(2):313-316. doi: 10.1093/rheumatology/kew23. Epub 2016 Aug 24.
3. Summary of Product Characteristics for individual drugs—accessed on 23 February 2016 via www.emc.org.uk
4. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 Recommendations for the Treatment of Ankylosing Spondylitis and Non-radiographic Axial Spondyloarthritis, Arthritis Rheumatol. 2016 Feb;68(2):282-98. doi: 10.1002/art.39298. Epub 2015 Sep 24.
5. The Assessment of SpondyloArthritis international Society (ASAS) handbook: a guide to spondyloarthritis. Ann Rheum Dis 2009,68,ii1-ii44
6. ASAS-EULAR recommendations for the management of axial spondyloarthritis: 2022 update. Ramiro S, et al. Ann Rheum Dis 2022;0:1–16. doi:10.1136/ard-2022-223296
7. Drug Safety Update. Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality. Available at: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality

Reviewed: NHS Surrey Heartlands ICS Medicines Resource Unit **Input from:** Rheumatology Network November 2023

Agreed date: Area Prescribing Committee **** **Review date:** ****