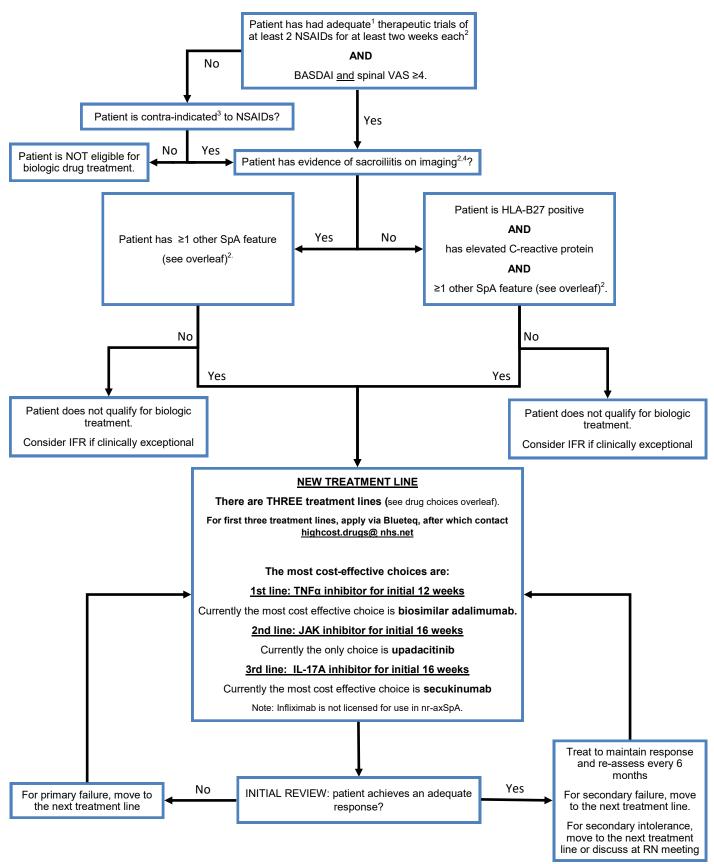
AXIAL SPONDYLOARTHRITIS IMMUNOMODULATOR TREATMENT PATHWAY (ADULTS)



Approved by NHS Surrey Heartlands ICS Area Prescribing Committee - December 2023

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	Change to a new mode of action which will cour	
	when response to treatment is assessed at the time interval defined within the NICE TA	as a new treatment line	
Secondary Failure	Occurs when the response to treatment (as defined within the NICE TA) is no longer	Change to a new mode of action which will count	
	met	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	side effects of that treatment that occurs after the initial time period defined by the	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	\checkmark	TA383	\checkmark	TA383
		Certolizumab	\checkmark	TA383	✓	TA383
		Etanercept	\checkmark	TA383	✓	TA383
		Golimumab	\checkmark	TA383	✓	TA497
		Infliximab	\checkmark	TA383	×	×
IL-17 inhibitor	IL17-A	Secukinumab	\checkmark	TA407	\checkmark	TA719
	IL-17A and IL-17A/F	Ixekizumab	\checkmark	TA718	~	TA718
	IL-17A and IL17F	Bimekizumab	\checkmark	TA918	~	TA918
IAK inhibits			\checkmark	TA829	✓	TA861
JAK inhibitor (oral)		Tofacitinib	\checkmark	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.

The task force⁶ 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 alert⁷ issued 26th April 2023, then this would be considered a change within the same treatment line.

References:

References: 1. NICE Technical Guidance TA383, TA407, TA718, TA719, TA829, TA861, TA918, TA920. Available at: <u>NICE | The National Institute for Health and Care Excellence</u> 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 2002;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 in-creased 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

Agreed date: Area Prescribing Committee Dec 2023 Input from: **Review date:**

Rheumatology Network May 2023 November 2026