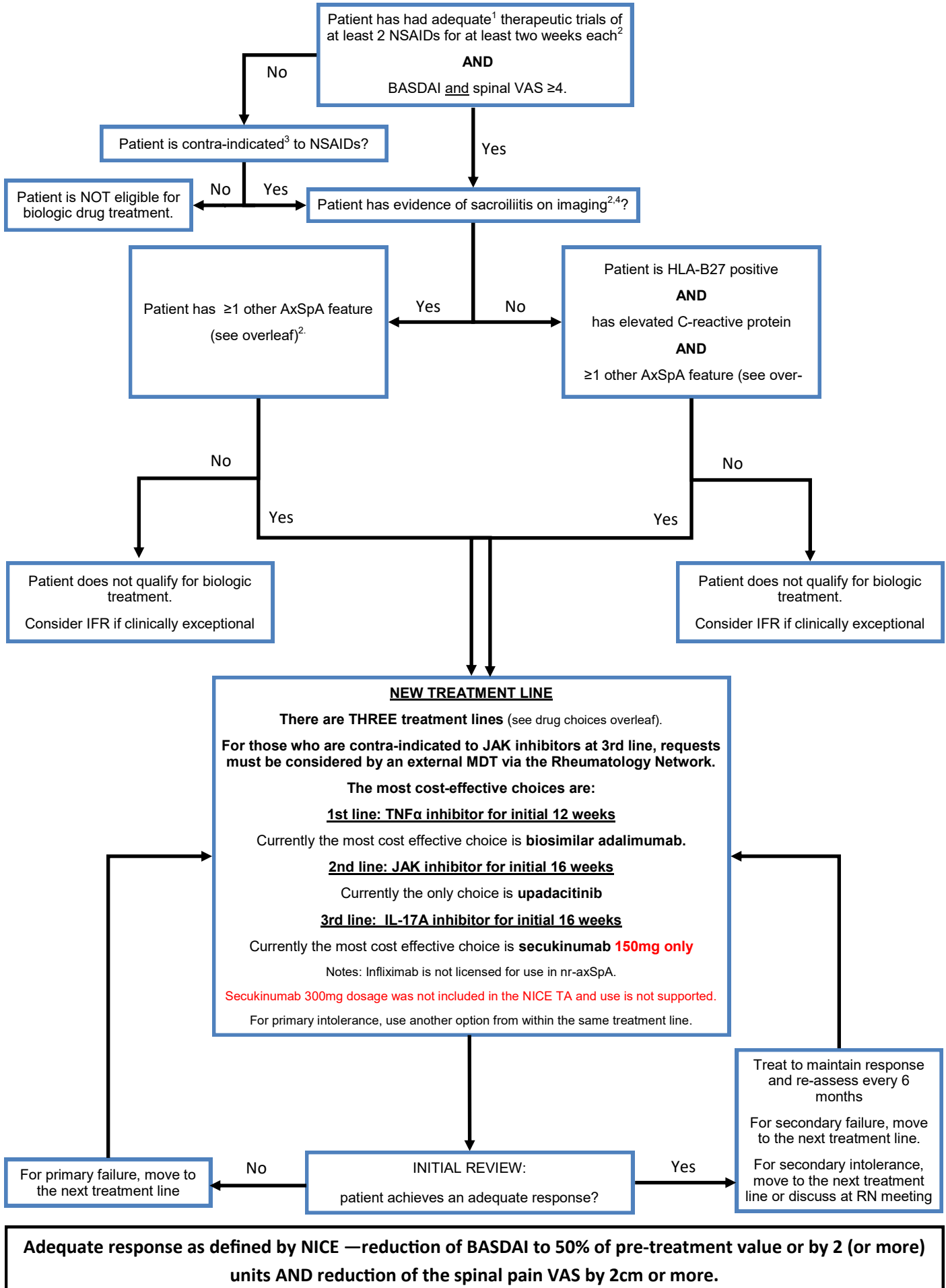


AXIAL SPONDYLOARTHRITIS IMMUNOMODULATOR TREATMENT PATHWAY (ADULTS)

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



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

AxSpA 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
- Entesitis (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:

TNF α 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 TNF α inhibitor. In patients with significant psoriasis, an IL-17A inhibitor may be preferred.⁶
- The task force⁶ recommends being restrictive with starting JAK inhibitor in patients above the age of 50 years with one or more additional cardiovascular 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:

1. NICE Technical Guidance TA383, TA407, TA718, TA719, TA829, TA861, TA918, TA920. Available at: [NICE | The National Institute for Health and Care Excellence](https://www.nice.org.uk/guidance/TA383)
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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](https://www.mhra.gov.uk/drugsafetyupdates)

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