Prescribing Clinical Network

**Policy Statement**

<table>
<thead>
<tr>
<th>Policy Statement</th>
<th>Celecoxib for the treatment of adult patients with Ankylosing Spondylitis (AS)</th>
</tr>
</thead>
</table>

**Policy No:**

PCN 272 -2017

**Date of Issue**

September-2017

**Review Date:**

September -2020

(*Unless new published evidence becomes available before this date OR there is new published national guidance e.g. NICE*)

**Recommendations:**

The Prescribing Clinical Network recommends the use of celecoxib as the preferred option for adult patients with ankylosing spondylitis who have been identified by rheumatology specialists as suitable for COX-2 inhibitor therapy:

- After standard NSAIDs (ibuprofen/naproxen) have been tried with suboptimal response or intolerance to a standard NSAID despite concomitant use of a proton pump inhibitor (PPI) AND
- Prior to a TNF-alpha inhibitor or IL17A inhibitor (or when the patient refuses or is contra-indicated to these medicines) AND
- The initiation of a trial of a celecoxib is made by a consultant rheumatologist

Celecoxib will be considered BLUE (with no information sheet) on the traffic light system with a minimum of 1 month prescribing by secondary care.

Celecoxib will be considered BLACK for all other indications.

**Key Considerations:**

- It was noted that the ability to use COX-2 inhibitors gives patients and prescribers an additional drug choice and may reduce the number and/or rate at which patients progress to a biologic medicine.
- The PCN concurred that of all the options presented and discussed that celecoxib was the preferred product, with etoricoxib to be used only if the patient does not respond to celecoxib.

**Date taken to Prescribing Clinical Network**

6th September 2017

**Agreed by PCN members**

22nd September 2017

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath CCG), Crawley CCG and Horsham & Mid-Sussex CCG