**SPONDYLOARTHRITIS BIOLOGIC DRUG TREATMENT PATHWAY**

Approved by Prescribing Clinical Network March 2018: East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, Crawley CCG and Horsham & Mid-Sussex CCG

1. **Patient has had adequate therapeutic trials of at least 2 NSAIDs AND BASDAI and VAS ≥4 (2 scores taken 1-3 months apart)**
   - Yes
   - No

2. **Patient is contra-indicated to NSAIDs**
   - No
   - Yes

3. **Patient is not eligible for biologic drug treatment**
   - No
   - Yes

4. **Patient has evidence of sacroiliitis on imaging?**
   - No
   - Yes

5. **Patient has ≥1 other SpA feature (from Box A)**
   - No
   - Yes

6. **Patient is HLA-B27 positive AND has elevated C-reactive protein AND ≥1 other SpA feature (from Box A)**
   - No
   - Yes

7. **1st line: TNFα inhibitor or IL17A inhibitor.**
   - Offer most cost-effective TNFα inhibitor (currently etanercept biosimilar) or other TNFα inhibitor for an initial 12 weeks
   - OR IL17A inhibitor secukinumab for an initial 16 weeks
   - Note: secukinumab and infliximab are not licensed for use in nr-axSpA

8. **Review: patient achieves an adequate response?**
   - Yes
   - No—PRIMARY FAILURE

9. **Patient does not qualify for biologic treatment. Consider IFR if clinically exceptional**

10. **Continuing good response but delayed adverse effects (at any time)**
    - OR has adverse effects before response can be assessed
    - OR becomes contraindicated

11. **SECONDARY FAILURE or intolerance**
    - STOP TREATMENT.
    - Consider IFR if clinically exceptional

12. **2nd line: TNFα inhibitor or IL17A inhibitor. Select drug with a different mode of action to the 1st line choice unless patient has a contraindication to the use of IL17A inhibitor (offer alternate TNFα inhibitor).**
    - Offer TNFα inhibitor for an initial 12 weeks
    - OR IL17A inhibitor secukinumab for an initial 16 weeks
    - Note: secukinumab and infliximab are not licensed for use in nr-axSpA

13. **Review: patient achieves an adequate response?**
    - Yes
    - No—PRIMARY FAILURE

14. **Treat to maintain response and re-assess every 6 months**

15. **SECONDARY FAILURE or intolerance**
    - STOP TREATMENT.
    - Consider IFR if clinically exceptional

Adequate response—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.
Box A.

ASAS criteria for classification of axial spondyloarthritis (to be applied in patients with chronic back pain and age at onset of back pain <45 years)\textsuperscript{3,4}

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

Box B.

Choices are from two groups with different mechanisms of action:

1 TNF\(\alpha\) inhibitor*
   - Certolizumab
   - Adalimumab
   - Etanercept
   - Golimumab
   - Infliximab (not licensed for use in nr-axSpA)

2 Interleukin 17A (IL17A) inhibitor
   - Secukinumab (not licensed for use in nr-axSpA)

nr-axSpA—non radiographic axial spondyloarthritis

*Use the most cost-effective anti-TNF drug (consult your pharmacy department) where appropriate without jeopardizing patient outcomes or efficacy.

References:

1. NICE Technical Guidance TA383: TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis, published 1 February 2016
2. Summary of Product Characteristics for individual drugs—accessed on 23 February 2016 via www.emc.org.uk
5. NICE TA Guidance TA407: Secukinumab for active ankylosing spondylitis after treatment with nonsteroidal anti-inflammatory drugs or TNF-alpha inhibitors. Published September 2016.
6. NICE TA Guidance TA497: Golimumab for treating non-radiographic axial spondyloarthritis. Published January 2018

Reviewed: Surrey Downs CCG Pharmaceutical Commissioning Team
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