

Radiographic (Ankylosing Spondylitis) *and* Non-radiographic Axial Spondyloarthritis (ASp) LSCMMG Recommended High Cost Drug (HCD) Pathway

High cost drugs should only be used when non-pharmacological therapy and standard pharmacological therapy has not worked well enough or is not tolerated

Treatment should be initiated at each line of treatment with the most cost effective/least expensive, clinically appropriate drug, taking into account administration costs, required dose and product price per dose. Patient access schemes, where available, may affect drug prices.

Where appropriate, a biosimilar product should be used in preference to the originator brand.

If primary inefficacy, select a drug with a different mechanism of action.

A patient will be allowed to receive up to three lines of treatment. A 'line' of treatment is completed when a drug is administered and a patient shows secondary nonresponse after an initial response period, using NICE criteria.

	TNF	IL-17	JAK
Use			
Radiographic and Non- radiographic Axial Spondyloarthritis	Adalimumab Etanercept Golimumab Certolizumab	lxekizumab Secukinumab Bimekizumab	Upadacitinib
Only radiographic Axial Spondyloarthritis	Infliximab		Tofacitinib

Criteria for discontinuing a drug but remaining at <u>current</u> line of therapy:

- Primary non-response i.e. lack of improvement of clinical signs and symptoms after 16 weeks for bimekizumab, secukinumab, tofacitinib and upadacitinib, 16 to 20 weeks for ixekizumab or 12 weeks for all other drugs; or,
- Drug withdrawn because of **adverse event or intolerance**.

Secondary nonresponse: discontinue drug and move on to next line of therapy

Treatment with another HCD is recommended, up to 3 <u>lines</u> of therapy, for people whose disease has stopped responding after an initial response **(secondary non-response)**.

- The response to adalimumab, certolizumab pegol, etanercept, golimumab or infliximab treatment should be assessed 12 weeks after the start of treatment.
- Assess the response to secukinumab, upadacitinib, bimekizumab and tofacitinib after 16 weeks of treatment.
- Assess the response to ixekizumab after 16-20 weeks of treatment.
- Treatment should only be continued if there is clear evidence of response, defined as:
 - a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by 2 or more units and
 - a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more.

Failure of third line treatment constitutes the end of the commissioned high cost drugs pathway