Radiographic (Ankylosing Spondylitis) and Non-radiographic Axial Spondyloarthritis (ASp) LSCMMG Recommended Biologic Pathway

KEY:
- Radiographic and non-radiographic ASp
- Only radiographic ASp
- NICE TA

Nonbiological therapy

Non-pharmacological treatment / non-biologic drugs

1st line

TA383	TA383	TA383	TA383 TA497	TA718	TA407 TA719	TA383
Adalimumab	Certolizumab	Etanercept	Golimumab	Ixekizumab	Secukinumab	Infliximab

- 1st Line treatment should be initiated with the least expensive suitable drug taking into account administration costs and patient access schemes.
- Infliximab is recommended only if treatment is started with the least expensive infliximab product.
- 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 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.

- **Criteria for discontinuing drug but remaining at current line of therapy (primary non-response):**
  - lack of improvement of clinical signs and symptoms after 16 weeks for secukinumab, 20 weeks for ixekizumab or 12 weeks for all other drugs.
  - drug withdrawn because of adverse event or intolerance.

2nd line

TA383	TA383	TA383	TA383 TA497	TA718	TA407 TA719	TA383
Adalimumab	Certolizumab	Etanercept	Golimumab	Ixekizumab	Secukinumab	Infliximab

- Treatment with another tumour necrosis factor (TNF) -alpha inhibitor is recommended for people who cannot tolerate, or whose disease has not responded to, treatment with the first TNF-alpha inhibitor, or whose disease has stopped responding after an initial response.
- Assessment and treatment continuation criteria are the same as for 1st line treatment

Failure of second line treatment constitutes the end of the commissioned biologics pathway

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