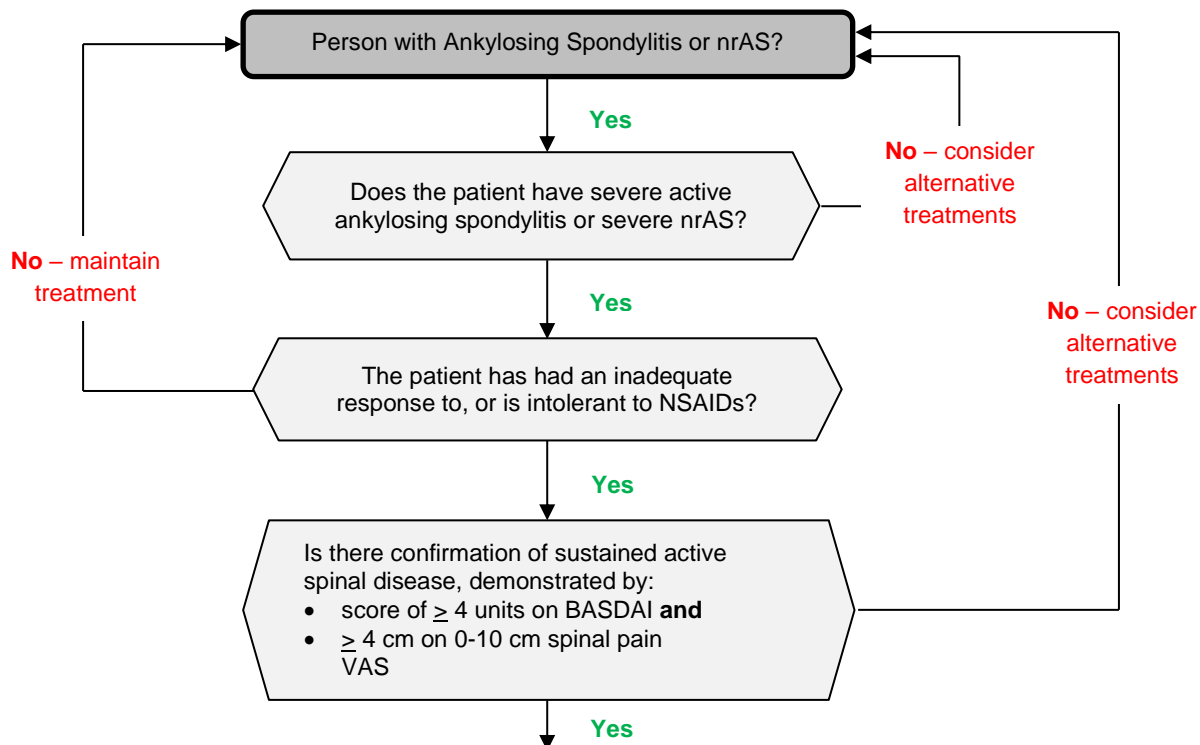


DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning guidance for the treatment of Ankylosing Spondylitis and non-radiographic axial spondyloarthritis (nrAS)



If more than 1 treatment is suitable, the least expensive should be chosen. Choices are listed in most cost effective order by category.

First line biologic agent:

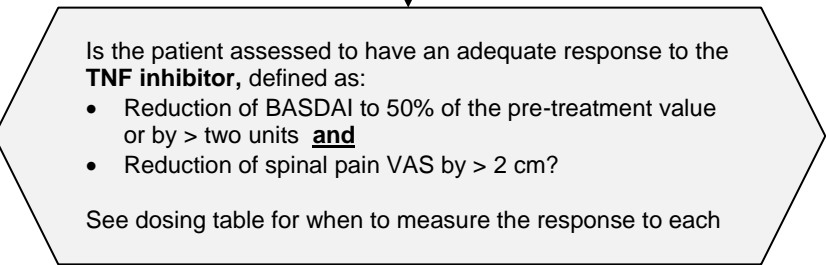
- **Adalimumab biosimilar (TNFi) (TA383) ***

Alternative biologic can be considered if first line biologic is clinically inappropriate:

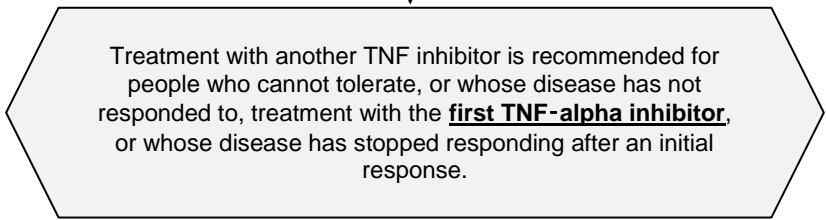
- Etanercept biosimilar (TNFi) (TA383) * or
- Infliximab biosimilar (TNFi) (TA383) or
- Certolizumab (TNFi) (TA383) * or
- Golimumab (TNFi) (TA497 + TA383) * or
- Secukinumab (IL17A) (TA407)

* Treatment options for severe nrAS

Yes – maintain treatment and monitor patient at appropriate intervals



Yes – consider an alternative biologic agent



The CCG's will only commission 4 treatment options (3 switches) per patient - this includes 2 treatment failures and 1 intolerance. JAPC recognises the RMOC statement. Further sequential use outside of the commissioning algorithm should be undertaken after advice via MDT in-line with Trust processes but is limited by clinical appropriateness and safety

NICE approved treatment

Local variation to NICE

Dosing schedule

Biologic		Ankylosing Spondylitis (AS)			Non radiographic axial spondyloarthritis (nrAS)			Response measured
		NICE TA	Loading dose	Maintenance dose	NICE TA	Loading dose	Maintenance dose	
Subcutaneous preparations				Subcutaneous preparations				
Adalimumab (SC)	Monoclonal antibodies	TA383	40mg every 2 weeks	NA	TA383	40mg every 2 weeks	NA	12 Weeks
Etanercept (SC)	Recombinant human TNF receptor fusion protein	TA383	50mg once weekly Or 25mg twice weekly	NA	TA383	50mg once weekly	NA	12 weeks
Golimumab (SC)	Monoclonal antibody	TA475	50mg every month >100kg in body weight, (& disease does not respond after 4x50mg doses), increase dose to 100mg every month.	NA	TA497	50mg every month >100kg in body weight, (& disease does not respond after 4x50mg doses), increase dose to 100mg every month	NA	12-14 weeks
Certolizumab (SC)	Monoclonal antibody	TA383	400mg (2x 200mg) given at Week 0, 2 & 4	200mg every 2 weeks or 400mg every 4 weeks	TA383	400mg (2x 200mg) given at Week 0, 2 & 4	200mg every 2 weeks or 400mg every 4 weeks	12 weeks
Secukinumab (SC)	Human monoclonal antibody selective for IL-17A	TA407	Week 0,1,2 & 3 – 150mg	Week 4 – 150mg & then continue every month.	--	--	--	16 weeks
Intravenous infusion								
Infliximab (IV)	Monoclonal antibodies	TA383	5mg/kg IV at week 0, 2 & 6	5mg/kg IV every 6-8 weeks thereafter	--	--	--	6 weeks