This policy statement is approved by Halton, Knowsley, Liverpool, South Sefton, Southport and Formby, St Helens, Warrington, West Lancashire, and Wirral CCGs

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PAN MERSEY APC

PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
FIRST BOARD DATE: 24 FEB 2016
LAST BOARD DATE: 31 JAN 2018

NHS
Pan Mersey
Area Prescribing Committee

USE OF BIOLOGICAL AGENTS IN THE MANAGEMENT OF ANKYLOSING SPONDYLITIS AND NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

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The Pan Mersey Area Prescribing Committee recommends the use of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab▼ in the management of ankylosing spondylitis (AS), and adalimumab, certolizumab pegol, golimumab and etanercept in non-radiographic axial spondyloarthritis (NRAxSpA) in accordance with NICE TA383, NICE TA407 and NICE TA497

NICE TA383 (February 2016) and NICE TA497 (January 2018) recommend that the above biological agents are used within their marketing authorisations in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs. Infliximab is recommended for AS only if treatment is started with the least expensive infliximab product. People currently receiving infliximab should be able to continue treatment with the same infliximab product until they and their NHS clinician consider it appropriate to stop. The choice of treatment should be made after discussion between the clinician and the patient about the advantages and disadvantages of the treatments available. This may include considering associated conditions such as extra-articular manifestations. If more than 1 treatment is suitable, the least expensive (taking into account administration costs and patient access schemes) should be chosen.

NICE TA407 (September 2016) recommends secukinumab injection as an option for treating ankylosing spondylitis within its marketing authorisation in adults, only where the disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors) and the company provides it with the discount agreed in the patient access scheme

The response to any treatment should be assessed 12 weeks after the start of treatment (16 weeks for secukinumab). 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.

Treatment with another of the above biological agents is recommended for people who cannot tolerate, or whose disease has not responded to, treatment with the first agent, or whose disease has stopped responding after an initial response as outlined in the Pan Mersey Treatment Pathway for Ankylosing Spondylitis (AS) and Axial Spondyloarthritis (axial SpA)

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

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Review date: December 2021
(or earlier if there is significant new evidence relating to this recommendation)