NHS
Cheshire and Merseyside
Interim Area Prescribing Group

UPADACITINIB prolonged-release tablets (Rinvoq® ▼) for active non-radiographic axial spondyloarthritis

The Cheshire and Merseyside Interim Area Prescribing Group recommends the prescribing of UPADACITINIB prolonged-release tablets (Rinvoq® ▼), by specialists only, for active non-radiographic axial spondyloarthritis in accordance with NICE TA861.

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NICE technology appraisal (TA) 861 (01 February 2023) recommends upadacitinib as an option for treating active non-radiographic axial spondyloarthritis with objective signs of inflammation (shown by elevated C-reactive protein or MRI) that is not controlled well enough with non-steroidal anti-inflammatory drugs (NSAIDs) in adults. It is recommended only if:

- tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough **and**
- the company provides upadacitinib according to the commercial arrangement.[1]

The response to upadacitinib should be assessed after 16 weeks of treatment. Treatment should be 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**
- the spinal pain visual analogue scale (VAS) by 2 cm or more.[1]

If patients and their clinicians consider upadacitinib to be one of a range of suitable treatments (including secukinumab and ixekizumab), the advantages and disadvantages of the available treatments should be discussed. After that discussion, if more than one treatment is suitable, the least expensive treatment option should be chosen, taking account of administration costs, dosage, price per dose and commercial arrangement. [1]

Prescribing and monitoring must be retained by a specialist in the management of non-radiographic axial spondyloarthritis.

Costing information

NICE does not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population). This is because upadacitinib is a further treatment option and the overall cost of treatment for this patient group will be similar.[2]

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.

References

1. National Institute for Health and Care Excellence. Technology appraisal 861; Upadacitinib for treating active non-radiographic axial spondyloarthritis, 01 February 2023. Accessed online 02 February 2023.
2. National Institute for Health and Care Excellence. Technology appraisal 861: Resource impact statement: Upadacitinib for treating active non-radiographic axial spondyloarthritis, 01 February 2023. Accessed online 02 February 2023.