**Biologics Pathway for Spondyloarthritis including Ankylosing Spondylitis (AS) in Dorset 2018**

The following NICE TAs relate to biologic therapy options:

- In accordance with NICE TA 383, adalimumab, certolizumab pegol, biosimilar etanercept, golimumab and biosimilar infliximab are recommended, within their marketing authorisations, as options for treating severe active ankylosing spondylitis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs.

- In accordance with NICE TA 383 and NICE TA 497, adalimumab, certolizumab pegol, golimumab and biosimilar etanercept are recommended, within their marketing authorisations, as options for treating severe non-radiographic axial spondyloarthritis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs product.

- Secukinumab is recommended, in accordance with NICE TA 407, as an option for treating active ankylosing spondylitis in adults whose disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors).

1st line Biologic choice

- 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, availability of biosimilars and patient access schemes) should be chosen.

On-going treatment

The response to adalimumab, certolizumab pegol, biosimilar etanercept, golimumab, secukinumab or biosimilar infliximab treatment should be assessed after the start of treatment (at 16 weeks for secukinumab, 12 weeks for the other drugs). 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.

There are circumstances in which it may not be appropriate for healthcare professionals to use a patient’s BASDAI and spinal pain VAS scores to inform their conclusion about the presence of sustained active spinal disease. In such cases, healthcare professionals should make use of another appropriate method of assessment, which may include adapting the use of the questionnaire to suit the patient’s circumstances.

2nd line Biologic

Where there is non-response, loss of response or adverse events (after the initial specified 12 or 16 weeks) to 1st line biologic an alternative second line biologic/biosimilar may be considered in accordance with NICE TA 383, NICE TA 407 or NICE TA 497. Continue to assess response as per the NICE guidance above for ongoing treatment.