Biologics Pathway for Spondyloarthritis including Ankylosing Spondylitis (AS) in Dorset 2014

Patient assessed and eligible for first biologic using NICE TA 143:

- The patient's disease satisfies the modified New York criteria for diagnosis of ankylosing spondylitis.
- There is confirmation of sustained active spinal disease, demonstrated by:
    - a score of at least 4 units on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) **and** at least 4 cm on the 0 to 10 cm spinal pain visual analogue scale (VAS). These should both be demonstrated on two occasions at least 12 weeks apart without any change of treatment.
- Conventional treatment with two or more NSAIDs taken sequentially at maximum tolerated or recommended dosage for 4 weeks has failed to control symptoms

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1st line Biologic

Generally either adalimumab or etanercept will be considered as first line options.
The alternate option of the drugs above, certolizumab or golimumab, may be considered for a first-line switch where a patient experiences an adverse effect within the first 12 weeks of treatment.

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On-going treatment

Response to treatment should be assessed 12 weeks after treatment is initiated, and that treatment should be only continued in the presence of an adequate response,
Patients who have experienced an adequate response to treatment should have their condition monitored at 12-week intervals.
Adequate response is determined as:

- BASDI 50% better or at least 2 point improvement, or
- Reduction of at least 2 points in VAS

If ongoing response to treatment is not maintained a repeat assessment should be made after a further 6 weeks. If at this 6-week assessment response has not been maintained consideration should be given to discontinuing biologic treatment or switching to a second line option.

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.

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2nd line Biologic

Where there is non-response, loss of response or adverse events (after 12 weeks) to 1st line biologic an alternative second line biologic may be considered.

Continue to assess response as per the NICE guidance above for ongoing treatment.

Where a patient does not demonstrate an adequate response to a second line agent discontinue biologic use and manage symptoms with conventional therapy.