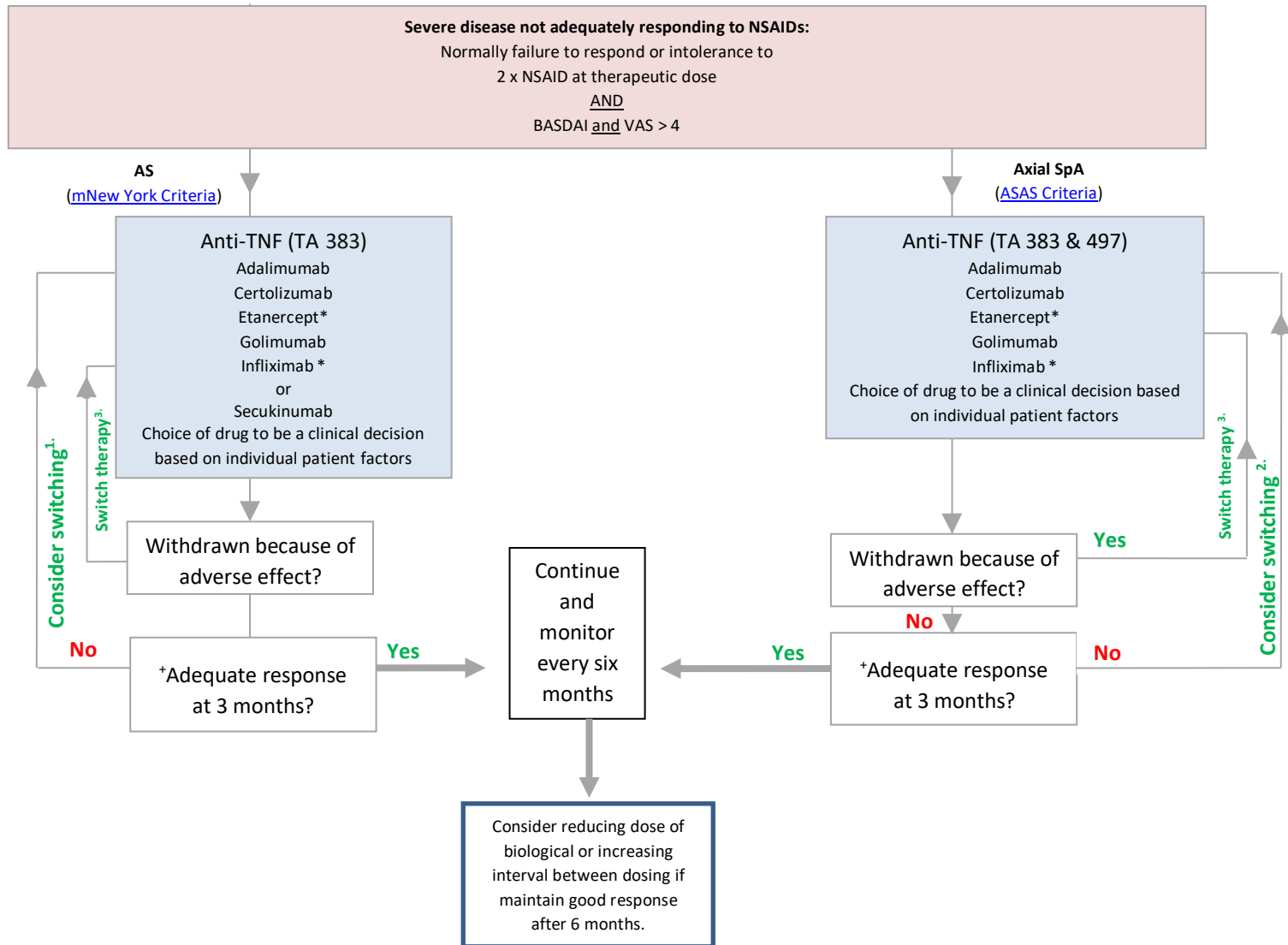


Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (Axial SpA) pathway



*Biosimilar versions of etanercept and infliximab available.

** Select treatment based on presence of comorbidity

Choose therapy based on cost and presence of comorbidity

- If psoriasis present: recommend use of a MAB or secukinumab
- If inflammatory bowel disease or uveitis present: recommend MAB
- Use secukinumab with caution in inflammatory bowel disease

- Adequate response is defined as ≥ 2 points or 50% improvement from baseline assess BASDAI and ≥ 2 cm improvement Spinal Pain
- If inadequate response at 3 or 6 month assessment, reassess after 6 weeks of treatment.
- *Assess response at 16 weeks after starting secukinumab

1. For severe **ankylosing spondylitis**, allow switching as follows:

- a. **Primary inefficacy** (total of 2 anti-TNF therapies, and secukinumab)

2. For severe **non-radiographic axial spondyloarthritis**, allow switching:

- a. **Primary inefficacy** (total 2 anti-TNF therapies)

3. For all, allow switching as follows

- **Secondary inefficacy** - another approved high-cost drug may be used. Where secondary failure of efficacy may be a class effect, use another drug from an alternative drug class. Avoid using more than two anti-TNF agents unless involvement of anti-drug antibodies is the cause of failure.
- **Adverse effect** - another approved high-cost drug may be used. Where adverse effect may be a class effect use another drug from an alternative drug class.