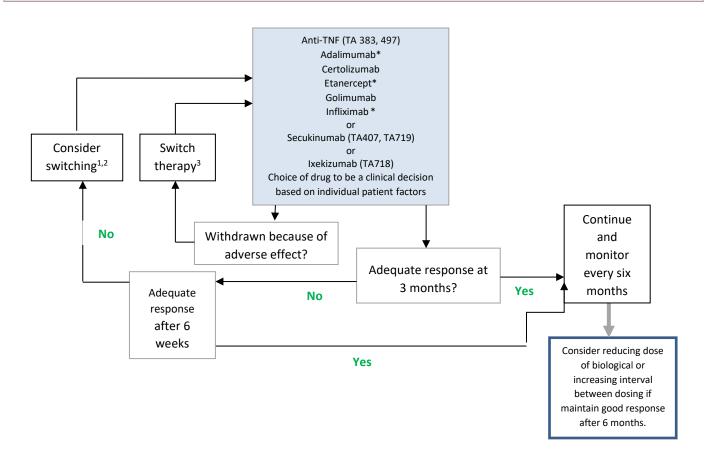
Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (Axial SpA) pathway



AS (mNew York Criteria) Axial SpA (ASAS Criteria)

Severe disease not adequately responding to NSAIDs:

Normally failure to respond or intolerance to 2 x NSAID at therapeutic dose <u>AND</u> BASDAI <u>and</u> VAS > 4



 $\hbox{*Biosimilar versions of adalimumab, etanercept and infliximab available}.$

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 ≥ 2cm 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 and 16 to 20 weeks after ixekizumab
- 1. For **Primary inefficacy** (total of 2 anti-TNF therapies, and secukinumab or ixekizumab)
- 2. For **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.
- **3.** 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.