BNSSG Drug Treatment Pathway for Rheumatoid Arthritis (RA)

Choice of therapy will be influenced by:
1. Patient factors
   - Preference
   - Lifestyle
2. Clinical factors
   - Response to previous treatment
   - Contraindications
   - Systemic inflammatory response
   - Other disease manifestations
3. Cost effectiveness

Failed intensive therapy with combination **csDMARDs** (CG79)
Severe disease DAS >5.1

MTX tolerant

bDMARD or tsDMARD

TNFi (TA375: ADA, ETA, GOL, CER, INF)
IL6i (TA375: TOC), (TA485: SAR)
Tcell inhibitor (TA375: ABA)
JAK 1/2i (TA466: Baric)
JAK 1/3i (TA480: Tofacit)

bDMARD or tsDMARD

TNFi (TA195: ADA, ETA, INF), (TA415: CER), (TA225 GOL)
IL6i (TA247: TOC)
T cell inhibitor (TA195: ABA)
B cell depleter (TA195: RTX)
JAK 1/2i (TA466: Baric) *if RTX contraindicated*
JAK 1/3i (TA480: Tofacit) *if RTX contraindicated*

MTX intolerant

bDMARD or tsDMARD

TNFi (TA375: ADA, ETA, CERT)
IL6i (TA375: TOC), (TA485: SAR)
JAK 1/2i (TA466: Baric)
JAK 1/3i (TA480: Tofacit)

bDMARD or tsDMARD

TNFi (TA195: ADA, ETA), (TA415: CER)
IL6i (TA247: TOC)
B cell depleter (TA195*: RTX +LEF or monotherapy)
JAK 1/2i (TA466: Baric) *if RTX contraindicated*
JAK 1/3i (TA480: Tofacit) *if RTX contraindicated*

Assess response at 24 weeks

- Primary failure or intolerance due to class effect – consider alternative MOA
- Secondary failure or intolerance due to drug effect – consider same MOA

If inadequate response, consider:
- Adherence
- Optimise csDMARD
- USS to detect synovitis
- Drug trough levels
- Anti-drug antibody levels

Stable on biologic treatment at 2yrs
Consider dose reduction program e.g. BTRIM
(dependent on local practice / available resources)

csDMARD = conventional synthetic DMARD
tsDMARD = targeted synthetic DMARD
bDMARD = biologic DMARD
BTRIM – Biologic treatment reduction by interval management
TA195* - locally agreed adaptation of TA195 with CCG NICE College (i.e. approval for use of RTX + LEF or RTX monotherapy)

Apr 2018
Approved by NBT, WAHT, UHB, CCG NICE College

BNSSG Drug Treatment Pathway for Ankylosing Spondylitis (AS) and non-radiographic Axial Spondyloarthritis (nrAxSpA)

Severe active Ankylosing Spondylitis or non radiographic axial SpA with inadequate response to NSAIDs

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bDMARD

AS - **TNFi** (TA383: ADA, CER, ETA, GOL, INF)
- **IL17Ai** (TA407: SEC)
nrAxSpA – **TNFi** (TA383: ADA, CER, ETA), (TA497: GOL)

↓

bDMARD

AS - **TNFi** (TA383: ADA, CER, ETA, GOL, INF)
- **IL17Ai** (TA407: SEC)
nrAxSpA – **TNFi** (TA383: ADA, CER, ETA), (TA497: GOL)

↓

Stable biologic treatment for 2yrs
Consider dose reduction program e.g. BTRIM
(dependent on local practice / available resources)

Choice of therapy will be influenced by:
1. Patient factors
   - Preference
   - Lifestyle
2. Clinical factors
   - Response to previous treatment
   - Contraindications
   - Other disease manifestations
3. Cost effectiveness

Assess response
at 12 weeks
(16 weeks for SEC)

- Primary failure or intolerance due to class effect – consider alternative MOA
- Secondary failure or intolerance due to drug effect – consider same MOA

If inadequate response, consider:
- Adherence
- Optimise csDMARD (if applicable)
- USS to detect synovitis
- Drug trough levels
- Anti-drug antibody levels

csDMARD = conventional synthetic DMARD
tsDMARD = targeted synthetic DMARD
bDMARD = biologic DMARD
BTRIM – Biologic treatment reduction by interval management

Apr 2018
Approved by NBT, WAHT, UHB, CCG NICE College

BNSSG Drug Treatment Pathway for Psoriatic Arthritis (PsA)

Peripheral arthritis with ≥3 tender joints and ≥3 swollen joints, and no response to adequate trials of ≥2 **csDMARDs**

bDMARDs or tsDMARDs

PDE4i (TA433: Aprem)
JAK 1/3i (TA543: Tofacit) – *with methotrexate.*
TNFi (TA199: ADA, ETA, INF), (TA220: GOL), (TA445: CER)
IL12/23i (TA340: UST) – *first line only if TNFi contraindicated*
IL17Ai (TA445: SEC) – *first line only if TNFi contraindicated* (TA537: IXE)

bDMARDs or tsDMARDs

JAK 1/3i (TA543: Tofacit) – *with methotrexate.*
TNFi (TA199: ADA, ETA, INF), (TA220: GOL), (TA445: CER)
IL12/23i (TA340: UST)
IL17Ai (TA445: SEC), (TA537: IXE)

Stable biologic treatment for 2yrs
Consider dose reduction program e.g. BTRIM
(dependent on local practice / available resources)

Choice of therapy will be influenced by:
1. Patient factors
   - Preference
   - Lifestyle
2. Clinical factors
   - Response to previous treatment
   - Contraindications
   - Other disease manifestations
3. Cost effectiveness

Assess response
at 12 weeks
(16 weeks for Aprem, SEC and IXE)
(24 weeks for UST)

- Primary failure or intolerance due to class effect – consider alternative MOA
- Secondary failure or intolerance due to drug effect – consider same MOA

If inadequate response, consider:
- Adherence
- Optimise csDMARD (if applicable)
- USS to detect synovitis
- Drug trough levels
- Anti-drug antibody levels

csDMARD = conventional synthetic DMARD
tsDMARD = targeted synthetic DMARD
bDMARD = biologic DMARD
BTRIM – Biologic treatment reduction by interval management

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Approved by NBT, WAHT, UHB, CCG NICE College

Abbreviations

csDMARD = conventional synthetic DMARD		
	MTX	Methotrexate
	LEF	Leflunomide

tsDMARD = targeted synthetic DMARD		
JAK1 and JAK2 inhibitor	Baricit	baricitinib
JAK1 and JAK3 inhibitor	Tofacit	tofacitinib
PDE4 inhibitor	Aprem	apremilast

bDMARD = biologic DMARD		
TNF inhibitor	ADA	adalimumab
	CER	certolizumab
	ETA	etanercept
	GOL	golimumab
	INF	infliximab
CD20 inhibitor	RTX	rituximab
T cell inhibitor	ABA	abatacept
IL-6 inhibitor	TOC	tocilizumab
	SAR	sarilumab
IL-12/23 inhibitor	UST	ustekinumab
IL-17A inhibitor	SEC	secukinumab
	IXE	ixekizumab