Berkshire West Clinical Commissioning Group

Procedure Not Routinely Funded

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC92	**Biologic drugs for the management of axial spondyloarthritis**
Recommendation made by the Priorities Committee:	**May 2019**
Date of issue:	**October 2019**

Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness; NICE Guidance: Spondyloarthritis in over 16s: diagnosis and management; and local specialist advice. The Committee supports the use of biologic drugs as per NICE Guidance (NICE NG65)[1] and Technology Appraisal Guidance (TAs) 497[2], 407[3] and 383[4]) within the pathway provided in Figure 1.

In line with NICE guidance, if more than one agent is suitable at particular points in the treatment algorithm, the drug with the lowest acquisition cost is recommended. Where appropriate, a biosimilar product should be used in preference to the originator brand.

Thames Valley Priorities Committee supports the sequential use of up to three biologics in axial spondyloarthritis as shown in Figure 1. If a patient is required to switch from a biosimilar to an originator drug due to an adverse drug reaction, this will not be classed as a switch to an alternative biologic drug.

The evidence of clinical and cost-effectiveness is insufficient to support any further switching between these drugs and is therefore **not normally funded.**

Exceptions to this will be either the switching of a biologic where there is a documented adverse reaction that necessitates discontinuation and where the patient has shown response to this drug or switching to a biologic drug with a mode of action that the patient has not previously tried**.** In these cases only, the maximum number of sequential biologic treatments funded will be four.

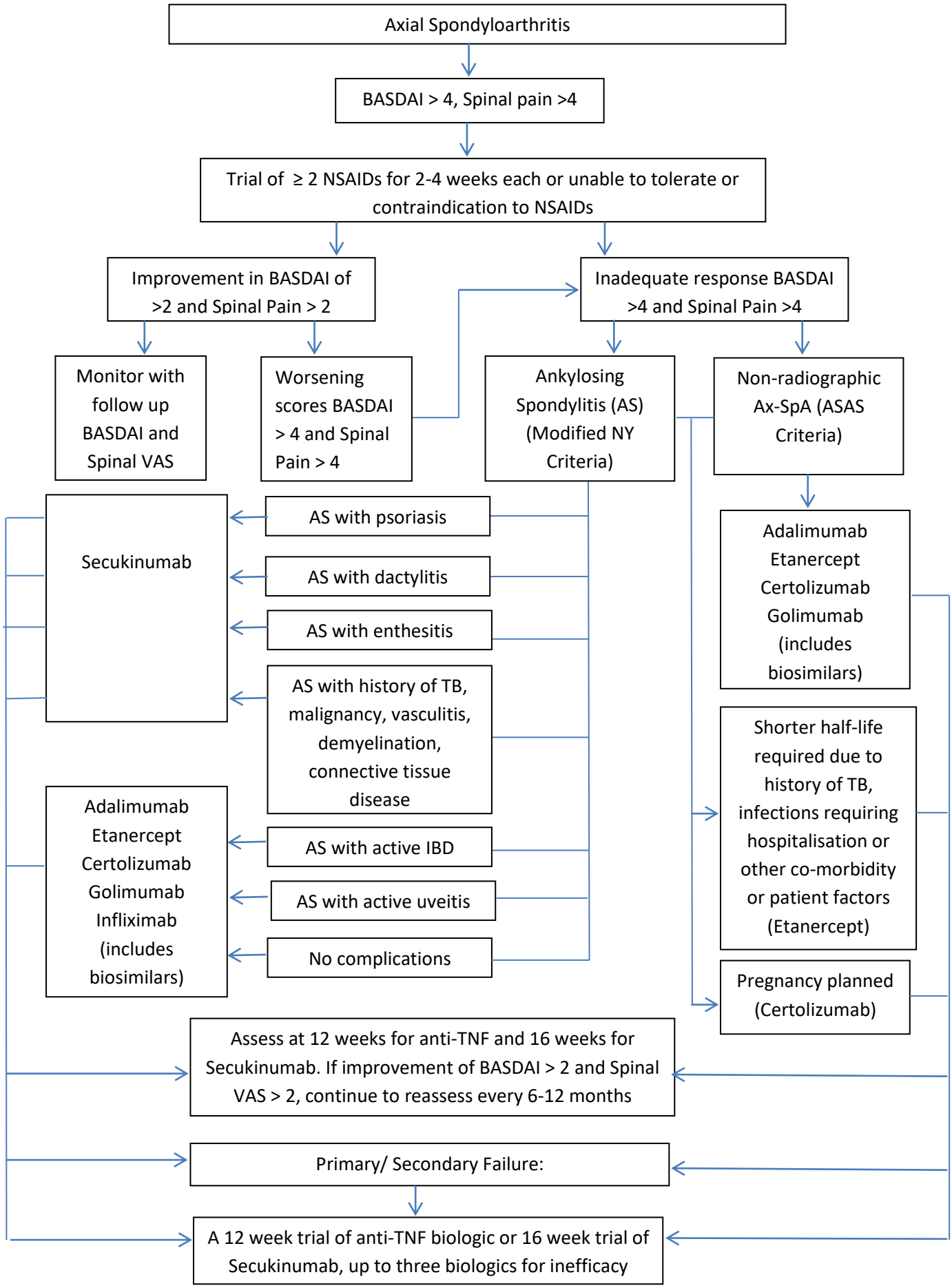
Note that this policy will also apply to all biologic therapies recommended by NICE TAGs for axial spondyloarthritis that are published post May 2019.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/

[1] https://www.nice.org.uk/guidance/ng65
[2] https://www.nice.org.uk/guidance/ta497
[3] https://www.nice.org.uk/guidance/ta407
[4] https://www.nice.org.uk/guidance/ta383

Figure 1: Biologic drugs for the management of axial spondyloarthritis:



*Axial Spondyloarthritis (Ax-Spa) includes non-radiographic Ax-SpA and Ankylosing Spondylitis.
Conventional synthetic DMARD (MTX/SSZ/LEF) may be used in peripheral arthritis in Ax-SpA