Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

BNSSG Drug Treatment Pathways for Inflammatory Arthritis
– for use in secondary care rheumatology teams

Rheumatoid Arthritis (RA)

Inadequate response or intolerance to intensive therapy with combination **csDMARDs** (NG100)

Moderate disease
DAS 3.2-5.1

Consider USS for moderate cohort, repeated failure or uncertain disease activity

Severe disease
DAS >5.1

1st line b/tsDMARD

TNFi (TA715: ADA, ETA, INF#)
(Local policy: CER) *local agreement if actively planning to conceive or pregnant and are due to escalate to bDMARD*
JAK 1i (TA676: Filgot), (TA744: Upadacit)

Inadequate response or intolerance

2nd line b/tsDMARD and beyond

TNFi (TA715: ADA, ETA, INF#)
(Local policy: CER) *local agreement if actively planning to conceive or pregnant and are due to escalate to bDMARD*
JAK 1i (TA676: Filgot), (TA744: Upadacit)
B cell depleter (Local policy: RTX) *local agreement for use only if TNFi or JAKi are clinically contraindicated or not tolerated*

Inadequate response or intolerance

Low disease activity or remission at 2yrs

Or if severe disease / all options on the moderate RA pathway have been exhausted, move to severe RA pathway

1st line b/tsDMARD

TNFi (TA375: ADA, ETA, GOL# , CER, INF#)
IL6i (TA375: TOC), (TA485: SAR)
T cell inhibitor (TA375: ABA)
JAK 1/2i (TA466: Baric)
JAK 1/3i (TA480: Tofacit)
JAK 1i (TA676: Filgot), (TA665: Upadacit)

Inadequate response or intolerance

2nd line b/tsDMARD and beyond

B cell depleter (TA195: RTX) *preferred 2nd line option in seropositive RA after previous bDMARD inadequate response unless contraindicated, but not mandated (local BNSSG agreement)**
TNFi (TA195: ADA, ETA, INF#), (TA415: CER), (TA225 GOL#)
IL6i (TA247: TOC), (TA485: SAR)
T cell inhibitor (TA195: ABA)
JAK 1/2i (TA466: Baric)
JAK 1/3i (TA480: Tofacit)
JAK 1i (TA676: Filgot) (TA665: Upadacit)

Low disease activity or remission at 2yrs

Dose reduction

Consider dose reduction program e.g. BTRIM (Biologic treatment reduction by interval management)

Patient shared decision making

Choice of therapy will be influenced by:
1. Patient factors
   - Preference (e.g. route, device, frequency, monitoring)
   - Lifestyle (e.g. travel, adherence, psychosocial)
2. Clinical factors
   - Response to previous treatment
   - Disease phenotype
   - Co-morbidities / contraindications
3. **Cost effectiveness**
   - as per RxInvolve Shared Decision Making Cost Comparator Tool with lowest acquisition cost

Additional approval criteria

ONLY approved by NICE for use in RA in combination with MTX: GOL | INF

The following are approved by local BNSSG NICE College: RTX + LEF | RTX monotherapy | ABA monotherapy | RTX doesn't have to be first choice secondary treatment if cost considered | filgot. can be used before RTX if cost considered | RTX in moderate RA only if TNFi or JAKi are clinically contraindicated or not tolerated | CER in moderate RA if actively planning to conceive or pregnant and are due to escalate to bDMARD

Assessing response

Assess response at 24 weeks (20 weeks for RTX in case re-treatment is required at 24 weeks)
NB Response = DAS28 improvement >1.2 for severe RA and >0.6 for moderate RA.

- 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.

Written by Emily Rose-Parfitt, Consultant Pharmacist in Rheumatology (NBT)
Approved by NBT and UHBW Specialty Leads and NBT Patient Representatives Group
Approved by BNSSG NICE College and APMOC Dec 2022, review due Dec 2025 (NB drugs added June 2023 and Nov 2023, mod RA escalation updated May 2024)

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Psoriatic arthritis (PsA)

Peripheral arthritis with ≥3 tender joints and ≥3 swollen joints, and inadequate response or intolerance to adequate trials of ≥2 **csDMARDs**

1st line b/tsDMARD

PDE4i (TA433: Aprem)
JAK 1/3i (TA543: Tofacit#)
TNFi (TA199: ADA, ETA, INF), (TA220: GOL), (TA445: CER)
IL12/23i (TA340: UST)
IL17Ai (TA445: SEC), (TA537: IXE)

Inadequate response or intolerance

2nd line b/tsDMARD and beyond

Inadequate response or intolerance

JAK 1/3i (TA543: Tofacit#)
JAK 1i (TA768: Upadacit)
TNFi (TA199: ADA, ETA, INF), (TA220: GOL), (TA445: CER)
IL12/23i (TA340: UST)
IL23i (TA815: GUS), (TA803: RIS*)
IL17Ai (TA445: SEC), (TA537: IXE), (TA916: BKZ)

Low disease activity or remission at 2yrs

Dose reduction

Consider dose reduction program e.g. BTRIM (Biologic treatment reduction by interval management)

Patient shared decision making

Choice of therapy will be influenced by:
1. Patient factors
   - Preference (e.g. route, device, frequency, monitoring)
   - Lifestyle (e.g. travel, adherence, psychosocial)
2. Clinical factors
   - Response to previous treatment
   - Disease phenotype
   - Co-morbidities / contraindications
3. **Cost effectiveness**
   - as per RxInvolve Shared Decision Making Cost Comparator Tool with lowest acquisition cost

Additional approval criteria

ONLY approved by NICE for use in PsA in combination with MTX: Tofacit

*ONLY approved by NICE for use in PsA if PASI >10 (Derm. will measure at NBT): RIS

Assessing response

Assess response at 12 weeks
(16 weeks for Aprem, SEC, IXE, GUS, RIS, BKZ),
(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.

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Ankylosing Spondylitis (AS)

Inadequate response or intolerance to NSAIDs

1st line b/tsDMARD

TNFi (TA383: ADA, CER, ETA, GOL, INF)
IL17Ai (TA407: SEC)

Inadequate response or intolerance

2nd line b/tsDMARD and bevond

TNFi (TA383: ADA, CER, ETA, GOL, INF)
IL17Ai (TA407: SEC), (TA718: IXE), (TA918: BKZ)
JAK1i (TA829 Upadacit), (TA920 Tofacit.)

Inadequate response or intolerance

Low disease activity or remission at 2yrs

Non-radiographic axial Spondyloarthritis (nr axSpA)

Inadequate response or intolerance to NSAIDs

1st line b/tsDMARD

TNFi (TA383: ADA, CER, ETA), (TA497: GOL)

Inadequate response or intolerance

2nd line b/tsDMARD and bevond

TNFi (TA383: ADA, CER, ETA), (TA497: GOL)
IL17Ai (TA719: SEC), (TA718: IXE), (TA918: BKZ)
JAK1i (TA861 Upadacit.)

Inadequate response or intolerance

Low disease activity or remission at 2yrs

Dose reduction

Consider dose reduction program e.g. BTRIM (Biologic treatment reduction by interval management)

Patient shared decision making

Choice of therapy will be influenced by:
1. Patient factors
   - Preference (e.g. route, device, frequency, monitoring)
   - Lifestyle (e.g. travel, adherence, psychosocial)
2. Clinical factors
   - Response to previous treatment
   - Disease phenotype
   - Co-morbidities / contraindications
3. **Cost effectiveness**
   - as per RxInvolve Shared Decision Making Cost Comparator Tool with lowest acquisition cost

Additional approval criteria

nr axSpA = non-radiographic axial Spondyloarthritis (inflammation shown by elevated CRP or MRI)

Assessing response

Assess response at 12 weeks (16 weeks for SEC, BZK, Upadacit. and Tofacit.), (16-20 weeks for IXE)

- 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.

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Abbreviations

bDMARD = biologic DMARD		
TNF inhibitor	ADA	adalimumab
	CER	certolizumab
	ETA	etanercept
	GOL	golimumab
	INF	infliximab
B cell depleter	RTX	rituximab
T cell inhibitor	ABA	abatacept
IL-6 inhibitor	TOC	tocilizumab
	SAR	sarilumab
IL-12/23 inhibitor	UST	ustekinumab
IL-23 inhibitor	GUS	guselkumab
	RIS	risankizumab
IL-17A inhibitor	SEC	secukinumab
	IXE	ixekizumab
	BKZ	bimekizumab
tsDMARD = targeted synthetic DMARD		
JAK1 and JAK2 inhibitor	Baricit	baricitinib
JAK1 and JAK3 inhibitor	Tofacit	tofacitinib
JAK1 inhibitor	Filgot	filgotinib
	Upadacit	upadacitinib
PDE4 inhibitor	Aprem	apremilast
csDMARD = conventional synthetic DMARD		
	MTX	Methotrexate
	LEF	Leflunomide

RxInvolve = Shared Decision Making Cost Comparator Tool – used to identify treatment with lowest acquisition cost when clinical parameters and patient preferences considered.

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