

BNSSG Drug Treatment Pathways for Inflammatory Arthritis

– for patients treated by secondary care rheumatology teams

Patient information

Need for treatment?

- If you still have symptoms of active inflammation despite trying at least two different conventional synthetic DMARDs, you may be referred by your clinician for biologic or targeted synthetic (b/tsDMARD) therapy.
- We will invite you to a clinic appointment to carry out your baseline assessment (this usually includes a joint examination, blood tests and possibly an ultrasound scan).



Which treatment?

- We will talk to you about your clinical factors, including symptoms associated with your condition, your other medical problems and response to previous treatments.
- We will talk to you about your preferences, for example if you are able and willing to inject your medicine at home.
- Once we have considered your clinical factors and preferences, we will use guidelines (***see drug treatment pathways***) and a best value shared decision making tool to help us find the most suitable treatment for you, with the lowest cost.

What to expect?

- If we agree it is appropriate for you to start a b/tsDMARD, we will complete some paperwork with you, counsel you about the medication and provide you with a booklet including all the important information you need to know.
- We will set you up with a homecare service for delivery of medication for tablet and subcutaneous injections or we will refer you to the medical day care unit for intravenous infusions.
- We will arrange follow up appointments so we can regularly check how you are getting on with your new medication (***see remote therapy clinic follow up pathway for NBT patients***).



BNSSG Drug Treatment Pathways for Inflammatory Arthritis

– for patients treated by secondary care rheumatology teams

How do we assess your response to treatment? (info for NBT patients)

- At review appointments, we will ask you about your symptoms, take some blood samples and / or refer you for an ultrasound scan to help us understand if your treatment is working.
- If there is a query about your medication (for example we hear that you are due to run out of supply), we may call you in between scheduled apts. We may complete a virtual review if we feel we can resolve the problem without needing to speak to you.
- If your condition becomes unstable, if you would prefer to be seen in person or if you have not been seen in person for the last 3 years then we will arrange a face to face consultation with you.
- If you have access to the Living Well App please update the assessments regularly. If you require access, please contact the Rheumatology Advice Line.
- If you need to be seen sooner than your next scheduled appointment or have any non-urgent queries, please contact the Rheumatology Advice Line.



Abbreviations

DAS28 score = disease activity score in rheumatoid arthritis, composed of joint examination, blood test and patient global health assessment.

DMARD = disease modifying antirheumatic drug

csDMARD = conventional synthetic DMARD e.g. methotrexate or leflunomide

tsDMARD = targeted synthetic DMARD e.g. a Janus Kinase inhibitor like filgotinib

bDMARD = biologic DMARD e.g. a Tumour Necrosis Factor inhibitor like adalimumab

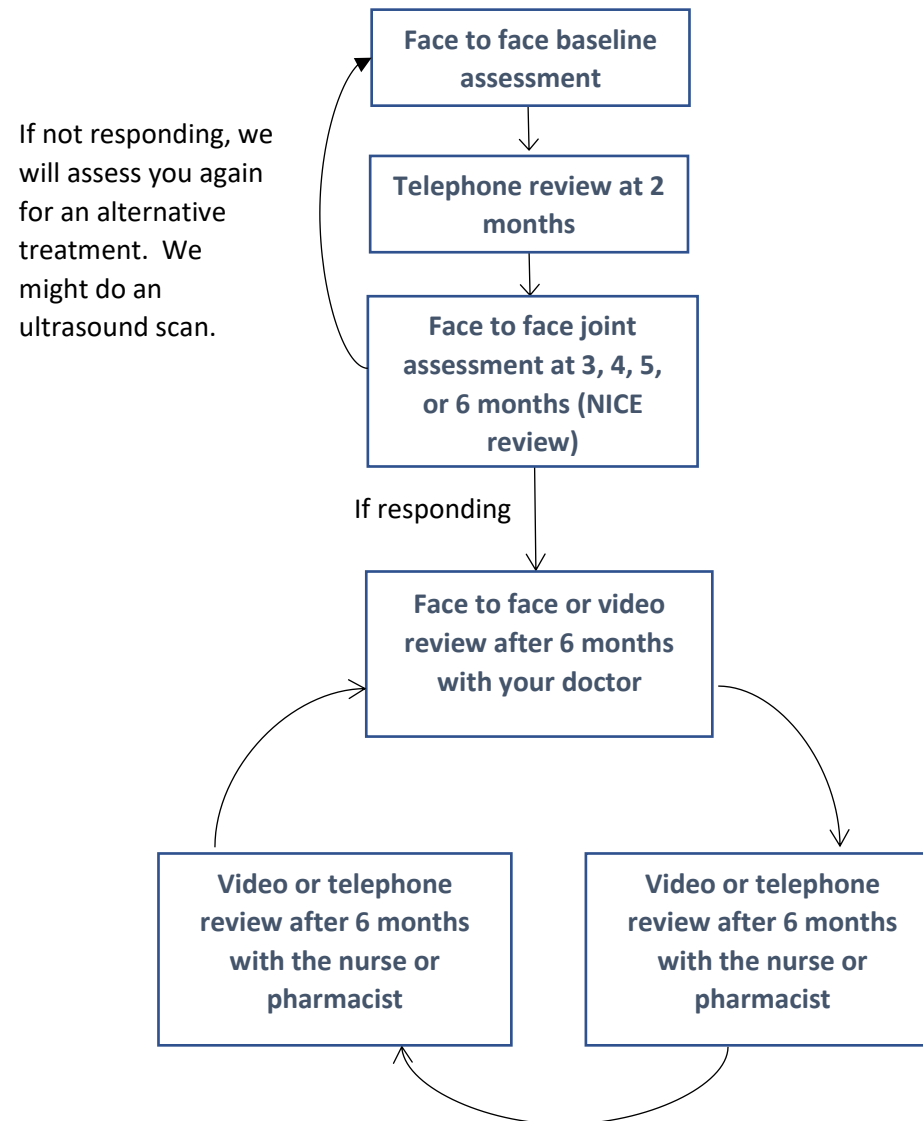
Pathways on next 4 slides:

- Remote Therapy Clinic follow up pathway (for NBT patients)
- Rheumatoid arthritis (moderate and severe) drug treatment pathway
- Psoriatic arthritis drug treatment pathway
- Ankylosing Spondylitis (AS) and non-radiographic axial Spondyloarthritis (nr axSpA) drug treatment pathway

BNSSG Drug Treatment Pathways for Inflammatory Arthritis

– for patients treated by secondary care rheumatology teams

Remote Therapy Clinic (RTC) follow up pathway for NBT patients

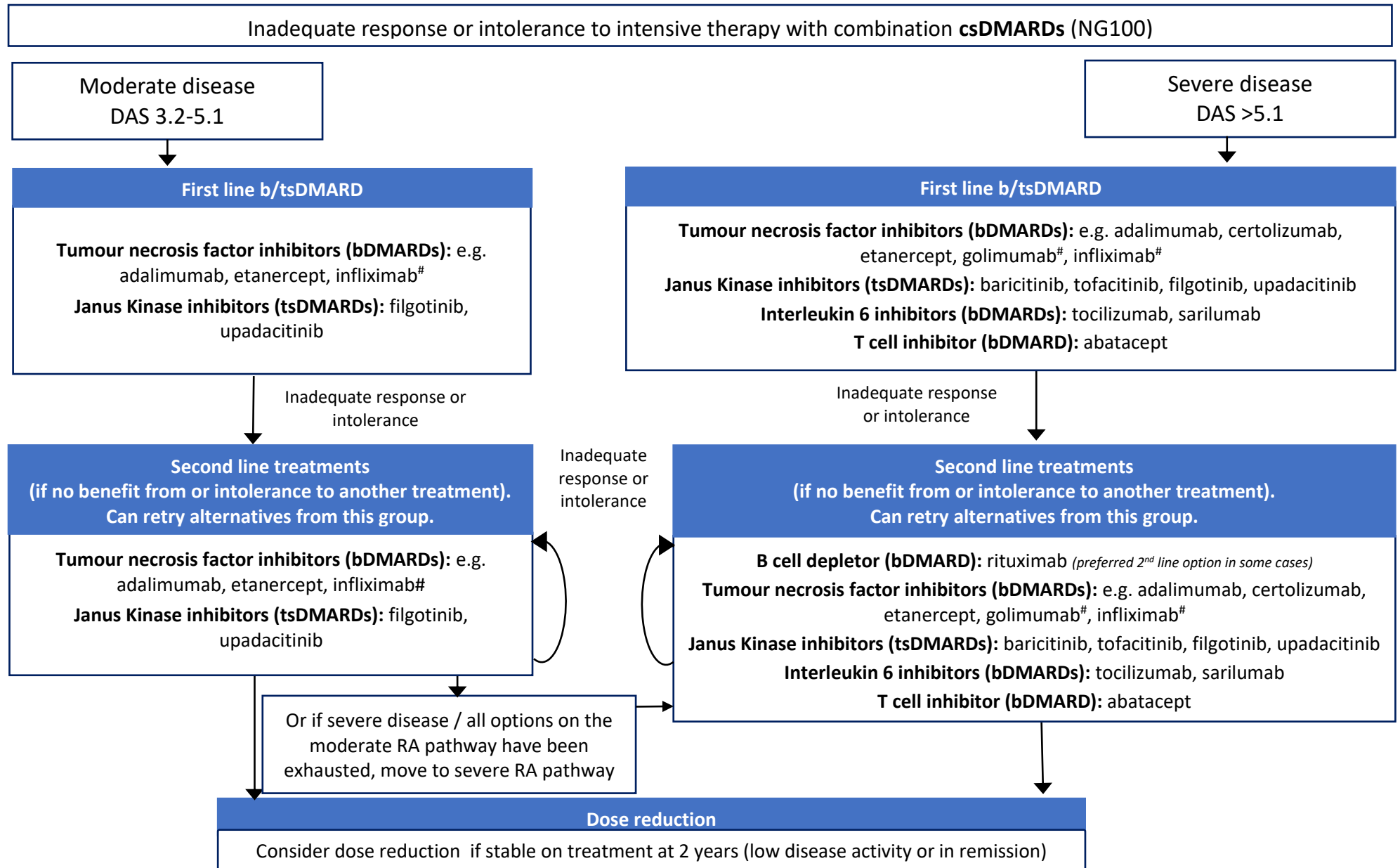


BNSSG Drug Treatment Pathways for Inflammatory Arthritis

– for patients treated by secondary care rheumatology teams

Rheumatoid Arthritis (RA)

Criteria to be eligible for treatment



BNSSG Drug Treatment Pathways for Inflammatory Arthritis

– for patients treated by secondary care rheumatology teams

Psoriatic arthritis (PsA)

Criteria to be eligible for treatment

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

First line b/tsDMARD

Tumour necrosis factor inhibitors (bDMARDs): adalimumab, certolizumab, etanercept, golimumab, infliximab
Phosphodiesterase 4 inhibitor (tsDMARD): apremilast
Janus Kinase inhibitor (tsDMARD): tofacitinib[#]
Interleukin 12/23 inhibitor (bDMARD): ustekinumab
Interleukin 17A inhibitors (bDMARDs): secukinumab, ixekizumab

Inadequate response
or intolerance

Second line treatments (if no benefit from or intolerance to another treatment). Can retry alternatives from this group.

Tumour necrosis factor inhibitors (bDMARDs): adalimumab, certolizumab, etanercept, golimumab, infliximab
Janus Kinase inhibitor (tsDMARD): tofacitinib[#], upadacitinib
Interleukin 12/23 inhibitor (bDMARD): ustekinumab
Interleukin 17A inhibitors (bDMARDs): secukinumab, ixekizumab, bimekizumab
Interleukin 23 inhibitors (bDMARDs): guselkumab, risankizumab

Inadequate response
or intolerance

Dose reduction

Consider dose reduction if stable on treatment at 2 years (low disease activity or in remission)

BNSSG Drug Treatment Pathways for Inflammatory Arthritis

– for patients treated by secondary care rheumatology teams

Ankylosing Spondylitis (AS)

Non-radiographic axial Spondyloarthritis (nr axSpA)

