NICE information for the public

# TNF-alpha inhibitors for treating active ankylosing spondylitis and non-radiographic axial spondyloarthritis

Information for the public
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## What has NICE said?

Adalimumab (Humira), certolizumab pegol (Cimzia), etanercept (Enbrel), golimumab (Simponi) and infliximab (Remicade/Inflectra/Remsima) are available on the NHS as possible treatments for active ankylosing spondylitis in adults. Adalimumab (Humira), certolizumab pegol (Cimzia) and etanercept (Enbrel) are availbe on the NHS as possible treatments for active non-radiographic axial spondyloarthritis in adults. They are all available if:

- treatment with non-steroidal anti-inflammatory drugs has not worked or is not suitable,and
- the conditions have a Bath Ankylosing Spondylitis Disease Activity Index score of 4 units or more and a spinal visual analogue scale of 4 cm or more.

Treatment should be assessed after 12 weeks and should only continue if there is clear evidence that it is working. If the first tumour necrosis factor (TNF)-alpha inhibitor has not worked or is not suitable, people should be able to start treatment with another TNF-alpha inhibitor.

## What does this mean for me?

If you have severe ankylosing spondylitis or non-radiographic axial spondyloarthritis and your doctor thinks that one or more of these drugs are right for you, then you should be able to have the treatment on the NHS.

These treatments should be available on the NHS within 3 months of the guidance being issued.

If you are already taking a TNF-alpha inhibitor, but are not eligible for treatment as described above, you should be able to continue taking it until you and your doctor decide it is the right time to stop.

# Why has NICE said this?

NICE looks at how well treatments work in relation to how much they cost compared with other treatments available on the NHS.

The TNF-alpha inhibitors listed in the previous section were recommended because the benefits to patients justify their cost.

Golimumab and infliximab were not recommended for severe non-radiographic axial spondyloarthritis because their ‘marketing authorisation’, which is normally needed before a drug can be prescribed, does not cover patients with this condition. You can find out more from the Medicines and Healthcare products Regulatory Agency (MHRA).

# The conditions and the treatments

Ankylosing spondylitis and non-radiographic axial spondyloarthritis are types of inflammatory arthritis. They are long-term, progressive conditions. In ankylosing spondylitis, changes on X-ray can be seen to the spine and/or the sacroiliac joints (the sacroiliac joints are located at the lower end of the spine, connecting it to the hip bones). In non-radiographic axial spondyloarthritis, changes on the X-ray cannot be seen but there are symptoms. The main symptom is back pain.

Treatment includes non-steroidal anti-inflammatory drugs (NSAIDS) that reduce inflammation as well as pain. These may not work, or be unsuitable because they cause problems with your stomach or other medical conditions.

In people with inflammatory arthritis, a protein called tumour necrosis factor (TNF) is over-produced in the body. This causes inflammation and damage to bones, cartilage and tissue. TNF-alpha inhibitors block the action of TNF and can reduce inflammation.

NHS Choices may be a good place to find out more.

# Sources of advice and support

- National Ankylosing Spondylitis Society, 0208 741 1515
- Arthritis and Musculoskeletal Alliance (ARMA), 020 7842 0910 or 020 7842 0911
- Arthritis Action, 0800 652 3188
- Back Care, 0208 977 5474
- Pain UK
- Versus Arthritis, 0800 520 0520

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# Accreditation