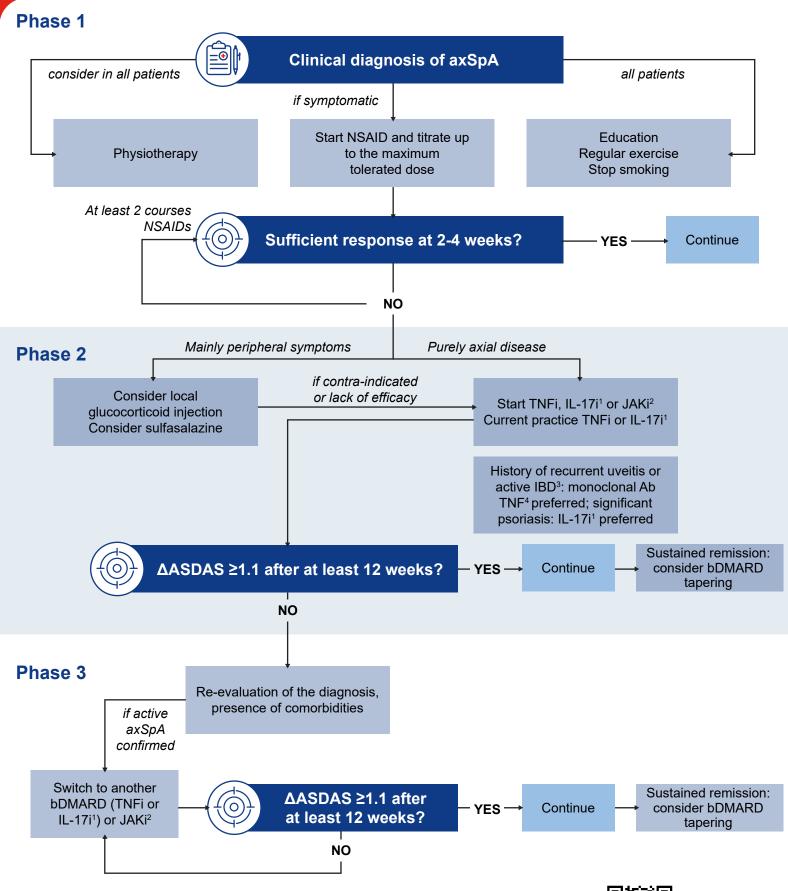
## ASAS/EULAR 2022 axSpA Guidelines<sup>1</sup>



Algorithm based on the ASAS-EULAR recommendations for the management of axSpA. See Ramiro S et al' for additional information about citations in figure.

Ab=Antibody; ASAS-Assessment of SpondyloArthritis International Society; ASDAS-Ankylosing Spondylitis Disease Activity Score; axSpA-Axial Spondyloarthritis; bDMARD=Biological Disease-Modifying Drug; EULAR=European Alliance of Associations for Rheumatology; IBD=Inflammatory Bowel Disease; IL-17i=Interleukin-17 Inhibitors; JAKi=Janus Kinase Inhibitors; NSAID=Non-Steroidal Anti-inflammatory Drug; TNFi=Tumour Necrosis Factor Inhibitors.

1. Ramiro S, et al. Ann Rheum Dis. 2023;82(1):19-34.





## ACR/SAA/SPARTAN 2019 axSpA Guidelines<sup>1</sup>

## 1st Line Therapy\* **Determine axSpA Activity** Stable axSpA<sup>†</sup> Isolated sacroiliitis Determine additional Active axSpA (axial disease) or enthesitis disease manifestations **NSAIDs NSAIDs** Continuous Peripheral-predominant arthritis despite NSAIDs No preferred NSAID Isolated sacroiliitis or enthesitis despite NSAIDs **Physical Therapy** Local GC if ≤2 joints SSZ **Local GC** · Active over passive SSZ over MTX Avoid Achilles, patellar, Land-based over aquatic and quadriceps entheses Against LEF, APR, THL, and PAM **Against systemic GCs** GC injections 2nd Line Therapy\* Active axSpA despite NSAIDs **TNFi** axSpA with unclear activity Over TOF, SEC/IXE while on biologic No preferred TNFi, except axSpA + Recurrent uveitis Spinal or Pelvis MRI for axSpA+ IBD or uveitis or axSpA + IBD TNFi monoclonal antibodies 3rd Line Therapy\* over other biologics Active axSpA on TNFi \*General Adjunctive Management: Against co-treatment with unsupervised back exercises, formal low-dose MTX group or individual self-management education, fall evaluation/ counselling. Monitor using validated axSpA disease activity measures, & CRP Active axSpA despite TNFi Active axSpA despite TNFi or ESR regularly. Adjunctive (1° non-responder) (2° non-responder) management is intended to occur at all stages (from top to bottom SEC/IXE **Alternative TNFi** of flow figure) **TOF** Against biosimilar of 1st TNFi \*Against using treat-to-target strategy with target of ASDAS < 1.3 or 2.1 Against non-TNFi/non-SEC/IXE Against biosimilar of 1st TNFi over strategy based on provider or adding SSZ, MTX assessment; against obtaining Against non-TNFI/non-SEC/IXE repeat spine radiographs at a scheduled interval or adding SSZ, MTX Legend Conditionally recommended against Strongly recommended Conditionally recommended Strongly recommended against

†See Figure 1B in Ward et al 2019.1

ACR=American College of Rheumatology; APR=Apremilast; ASDAS=Ankylosing Spondylitis Disease Activity Score; axSpA=Axial Spondyloarthritis; CRP=C-Reactive Protein; ESR=Erythrocyte Sedimentation Rate; GC(s)=Glucocordicoid(s); IBD=Inflammatory Bowel Disease; IXE=Ixekizumab; LEF=Leflunomide; MRI=Magnetic Resonance Imaging; MTX=Methotrexate; NSAID(s)=Nonsteroidal Anti-inflammatory Drug(s); PAM=Pamidronate; PICO=Population, Intervention, Comparison, Outcomes; SAA=Spondylitis Association of America; SEC=Secukinumab; SPARTAN=Spondyloarthritis Research and Treatment Network; SSZ=Sulfasalazine; THL=Thalidomide; TNFi=Tumor Necrosis Factor Inhibitor; TOF=Tofacitinib.

1. Ward MM, et al. Arthritis Rheumatol. 2019;71(10):1599-1613.



