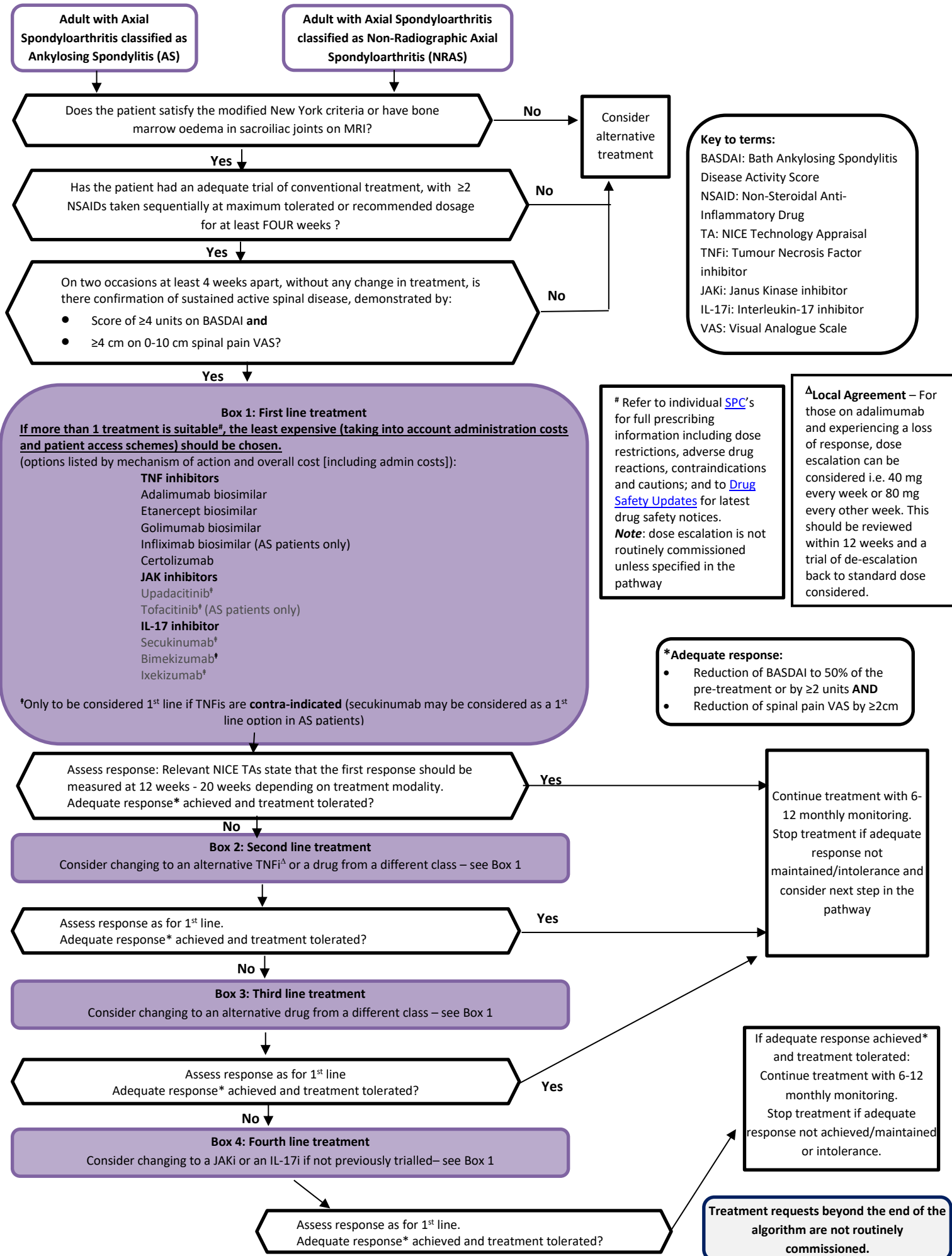


Use of excluded HCDs in the treatment of Axial Spondyloarthritis in adults.

Treatment pathway in line with NICE TAs 383, 407, 497, 718, 719, 829, 861, 918, 920 & local agreements



Treatment Choice in Pregnancy and Breastfeeding– updated guidance from BSR

- Women with no/low disease activity established on a TNF inhibitor with known placental transfer (infliximab, adalimumab, golimumab) do not need to be switched to an alternative TNF inhibitor with established minimal placental transfer (certolizumab) either before or during pregnancy (GRADE 1B, Strength of agreement 100%).
- Certolizumab is compatible with all three trimesters of pregnancy, has no to minimal placental transfer compared with other TNF inhibitor, and does not require any alteration to the infant vaccination schedule (GRADE 1B, Strength of agreement 100%).
- Women considered to have low risk of disease flare on withdrawal of TNF inhibitor in pregnancy could stop infliximab at 20 weeks, adalimumab and golimumab at 28 weeks, and etanercept at 32 weeks so that a full-term infant can have a normal vaccination schedule, with rotavirus vaccination at 8 weeks as per the UK schedule (GRADE 1B, Strength of agreement 99.5%).
- Infliximab, adalimumab, etanercept or golimumab may be continued throughout pregnancy to maintain maternal disease control; in these circumstances, live vaccines should be avoided in infants until they are 6 months of age (GRADE 1B, Strength of agreement 100%).
- If a TNF inhibitor is stopped in pregnancy, it can be restarted as soon as practical post-partum in the absence of infections or surgical complications, regardless of breastfeeding status, to ensure control of maternal disease (GRADE 1C, Strength of agreement 100%).
- TNF inhibitors are compatible with breastmilk exposure (GRADE 1C, Strength of agreement 100%).

Individual patient characteristics, shared decision-making including views on live vaccinations, and treatment options should be accounted for. If a patient needs to switch to an alternative therapy due to confirmation of pregnancy, and the drug is used for a planned duration, this will not count as a new line of therapy. The drug should be reviewed post partum, to ensure the patient is on a clinically and cost-effective treatment. If a change in the live vaccination schedule is required, ensure clear communication with both the patient and primary care provider.

Version	4.0
Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex (HWE) ICB with relevant HWE ICS stakeholders.
Approved by	Hertfordshire & West Essex Area Prescribing Committee
Date approved / updated	November 2023, October 2025
Review Date	This HWE APC recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded versions	Use of excluded HCDs in the treatment of Axial Spondyloarthritis in adults. Treatment pathway in line with NICE TAs 383, 407, 497, 718, 719, 829 & local agreements. Version 1.0. HWE APC, February 2023 Pathway for use of biologic drugs for Axial Spondyloarthritis West Essex CCG MOPB, October 2021 Use of excluded HCDs in the treatment of Axial Spondyloarthritis in adults. Treatment pathway in line with NICE TAs 383, 407, 497, 718, 719, 829 & local agreements v1.0 February 2023 Use of excluded HCDs in the treatment of Axial Spondyloarthritis in adults. Treatment pathway in line with NICE TAs 383, 407, 497, 718, 719, 829, 861 & local agreements v 2.0 March 2023 (bimekizumab & tofacitinib added) Addition of price change or biosimilar wording for pathway updates agreed at June 24 APC. APC October 2025 updated with information from British Society of Rheumatology with use of biologics in pregnancy and breastfeeding, and to reflect introduction of golimumab biosimilar.

NICE recommends if patients and their clinicians consider a medicine to be one of a range of suitable treatments, the least expensive treatment should be chosen, taking into account administration costs, dosage, price per dose and commercial arrangements. Therefore, in line with this recommendation and HWE APC agreed principles the order of preference of treatments within this pathway will be updated accordingly as prices change or biosimilar medicines become available.