Buckinghamshire Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 103 — **Use of biological and immunomodulatory therapies in moderate Rheumatoid Arthritis –INTERIM POLICY**

Recommendation made by the Priorities Committee: **July 2021, review due July 2022**

Date of issue: **August 2021**

Thames Valley Priorities Committee has considered the NICE Guidance for the use of biological and immunomodulatory therapies for the management of moderate rheumatoid arthritis.

For the purpose of this policy, disease severity is assessed using the disease activity score (DAS28). A DAS28 of between 3.2 and 5.1 indicates moderate disease, between 2.6 and 3.2 indicates mild disease, and 2.6 or less indicates disease remission. This is in line with NICE definition[1]. For patients with severe disease ie a DAS28 of more than 5.1 please refer to policy statement TVPC51.

TVPC supports the prescribing of biologic and high cost immunomodulatory drugs for **moderate** rheumatoid arthritis according to: NICE Technology Appraisal Guidelines: TA715: Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed[1] and TA676: Filgotinib for treating moderate to severe rheumatoid arthritis Technology appraisal guidance.[2]

In line with NICE guidance, the following biologic drugs /Janus Kinase Inhibitors **(**JAK) inhibitors are not recommended for moderate rheumatoid arthritis: abatacept[1], certolizumab pegol[1], golimumab[1], tocilizumab[1], sarilumab[3], tofacitinib[4] and baricitinib[5].

Due to cost effectiveness, adalimumab should be offered first line for all patients being treated for moderate rheumatoid arthritis, where considered clinically appropriate.

If more than one agent is suitable the most cost-effective product should always be used in preference, including the use of biosimilar brands.

Consideration should be given to the impact of day case procedures.

Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. If this initial response is not maintained at 6 months, stop treatment.

If after the first biological treatment has failed, if the disease progresses to severe, TVPC 51 Use of biological and immunomodulatory therapies in Rheumatoid Arthritis and NICE technology appraisal guidance for severe rheumatoid arthritis should be followed.

[1] https://www.nice.org.uk/guidance/ta715

[2] https://www.nice.org.uk/guidance/ta676
[3] https://www.nice.org.uk/guidance/ta485
[4] https://www.nice.org.uk/guidance/ta480
[5] https://www.nice.org.uk/guidance/ta466

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at https://www.fundingrequests.cscsu.nhs.uk/