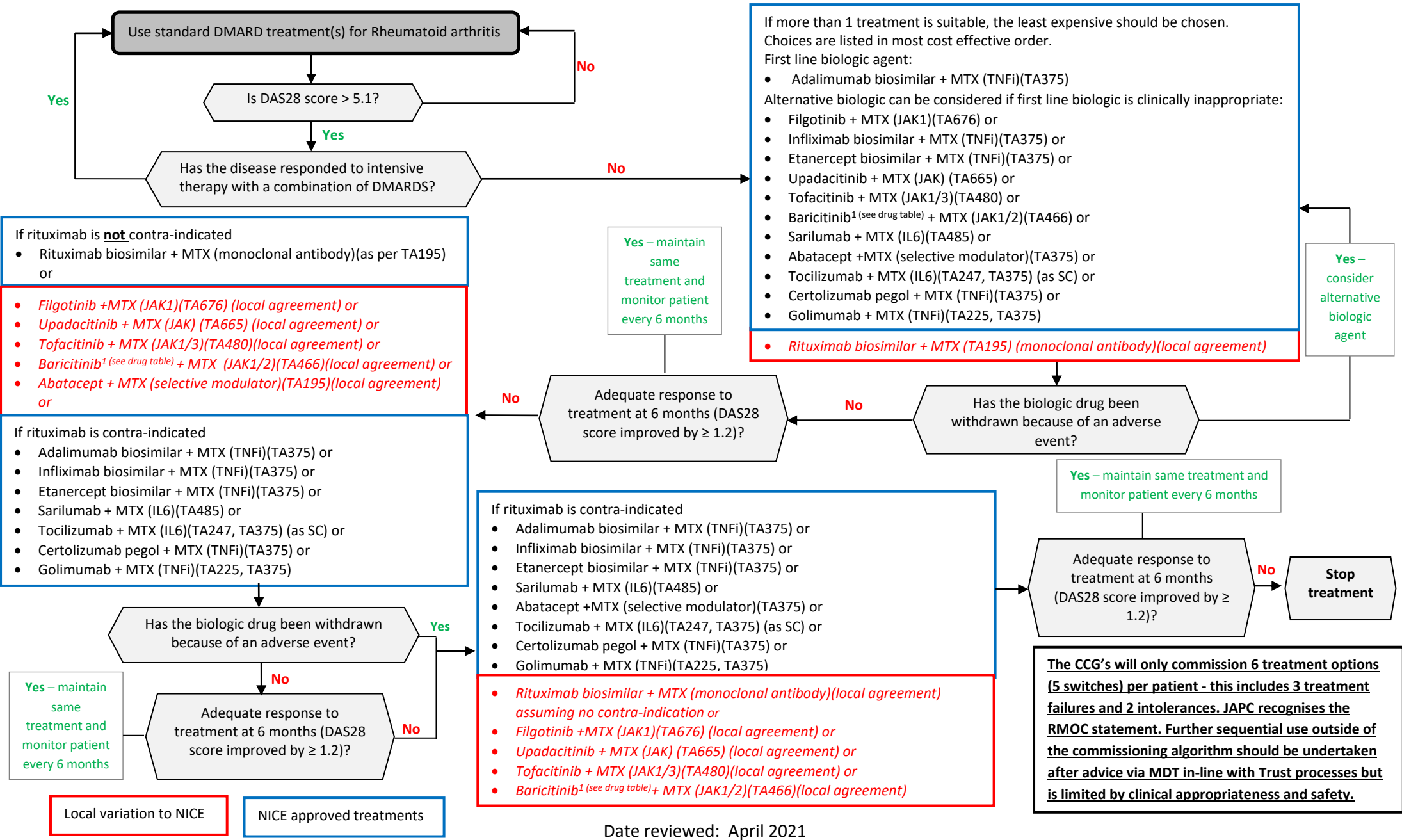


**Derbyshire commissioning guidance on biologic drugs for the treatment of severe Rheumatoid arthritis with methotrexate**

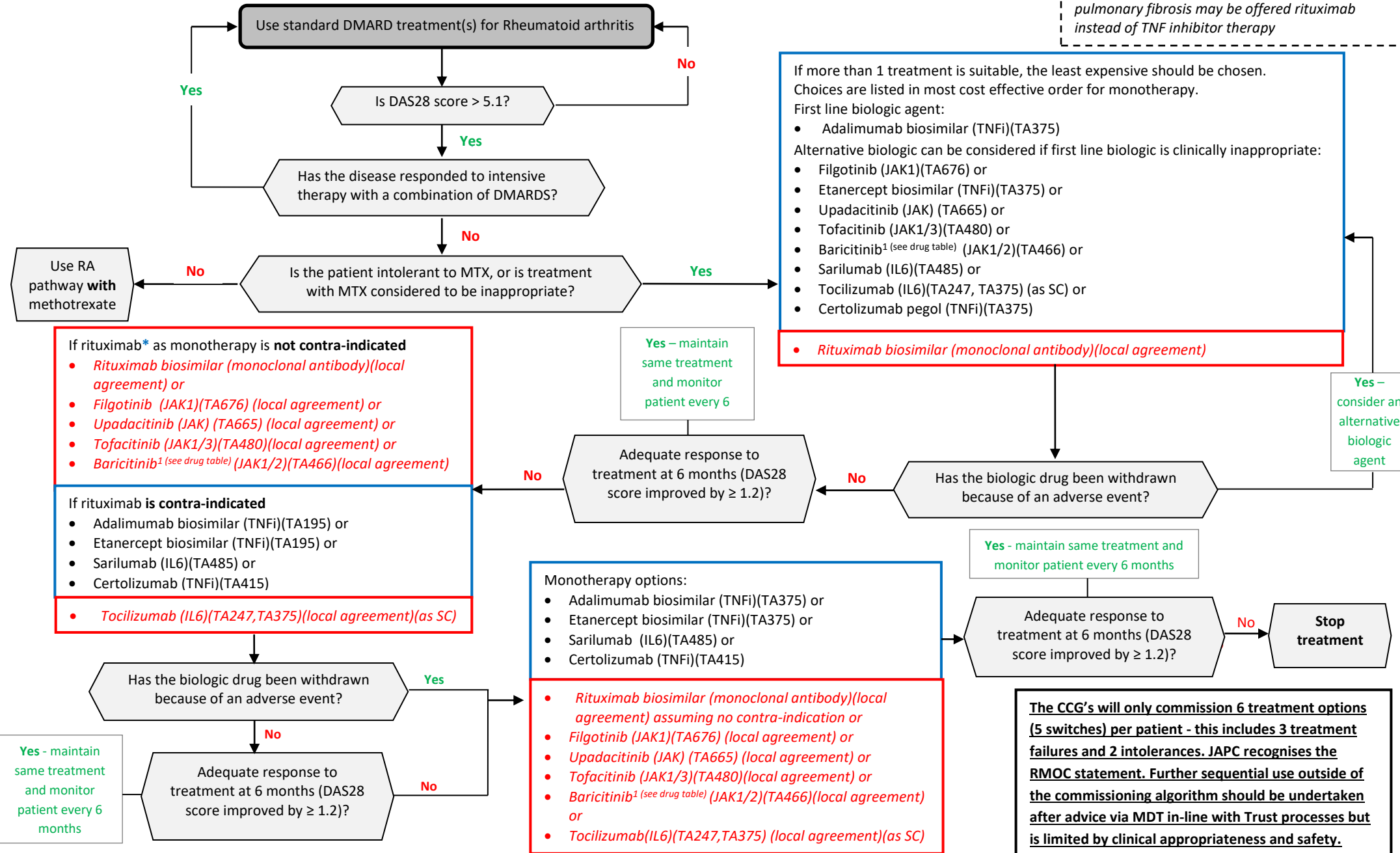
This algorithm is a tool to aid the implementation of NICE guidance on biologic drugs for the treatment of rheumatoid arthritis. It includes all of the biologic drugs approved by NICE for treatment and local variations for the commissioning algorithm.



## Derbyshire commissioning guidance on biologic drugs for the treatment of severe Rheumatoid arthritis without methotrexate

This algorithm is a tool to aid the implementation of NICE guidance on biologic drugs for the treatment of rheumatoid arthritis. It includes all of the biologic drugs approved by NICE for treatment and local variations for the commissioning algorithm.

\* Patients who have had a proven malignancy in the last 10 years or those with significant pulmonary fibrosis may be offered rituximab instead of TNF inhibitor therapy



**The CCG's will only commission 6 treatment options (5 switches) per patient - this includes 3 treatment failures and 2 intolerances. JAPC recognises the RMOC statement. Further sequential use outside of the commissioning algorithm should be undertaken after advice via MDT in-line with Trust processes but is limited by clinical appropriateness and safety.**

Drug		NICE TA	TA details	Route	Dose
<b>Intravenous therapies</b>					
<b>Abatacept (+MTX)</b>	Selective T-cell stimulation modulator	NICE TA195 NICE TA375	Disease has not responded to conventional DMARDS – 1 <sup>st</sup> line <b>and</b> May also be used if disease has not responded to a previous TNF inhibitor.	SC or IV	<b>SC</b> – 125mg once weekly  <b>IV for pts:</b> <60kg – 500mg dose 60-100kg - 750mg dose >100kg - 1000mg dose  Given initially at week 0, 2, and 4 and then every 4 weeks thereafter.
<b>Adalimumab (±MTX)</b>	Monoclonal antibody that specifically binds to TNF	NICE TA195 NICE TA375	Disease has not responded to conventional DMARDS - 1 <sup>st</sup> line <b>and</b> Inadequate response/ intolerance to TNF inhibitor and CI/intolerance to rituximab therapy	SC	40mg every other week For monotherapy – dose may increase to 40mg per week, if patient experiences a decrease in response.
<b>Certolizumab (±MTX)</b>	Recombinant humanised antibody Fab' fragment against TNF alpha	NICE TA415 NICE TA375	Disease has not responded to conventional DMARDS - 1 <sup>st</sup> line <b>and</b> Inadequate response/ intolerance to TNF inhibitor and CI/intolerance to rituximab therapy	SC	Initially 400mg given at Week 0, 2 and 4 and then 200mg every 2 weeks thereafter  Or 400mg every 4 weeks, once clinical response confirmed.
<b>Etanercept Biosimilar (±MTX)</b>	Recombinant human TNF receptor fusion protein.	NICE TA195 NICE TA375	Disease has not responded to conventional DMARDS - 1 <sup>st</sup> line <b>and</b> Inadequate response/ intolerance to TNF inhibitor and CI/intolerance to rituximab therapy	SC	50mg every week Or 25mg twice weekly
<b>Golimumab (+MTX)</b>	Monoclonal antibody that prevents the binding of TNF to its receptors.	NICE TA225 NICE TA375	Disease has not responded to conventional DMARDS - 1 <sup>st</sup> line <b>and</b> May also be used if disease has not responded to a previous TNF inhibitor.	SC	For pts < 100kg - 50mg every month  For pts >100kg - 100mg every month, if inadequate clinical response after 3-4 doses.)
<b>Infliximab biosimilar (±MTX)</b>	Chimeric monoclonal antibody, with high affinity to TNF.	NICE TA195 NICE TA375	Disease has not responded to conventional DMARDS - 1 <sup>st</sup> line <b>and</b> Inadequate response/ intolerance to TNF inhibitor and CI/intolerance to rituximab therapy	IV	3mg/kg IV dose, given at week 0, 2, 6 and then every 8 weeks thereafter. If there is an inadequate response or loss of response after 12 weeks of treatment, consider increasing dose step-wise by approximately 1.5mg/kg up to a maximum of 7.5mg/kg every 8

					weeks or 3mg/kg every 4 weeks
<b>Rituximab Biosimilar (+MTX)</b>	Chimeric monoclonal antibody – depletes B-cell population.	NICE TA195	If pt has had an inadequate response or intolerant of DMARDS and at least one TNF inhibitor.	IV	2x 1000mg given 2 weeks apart, repeated no less than 16 weeks.
<b>Sarilumab (±MTX)</b>	Human monoclonal antibody selective for the IL-6 receptor	NICE TA485	Active RA for pts who have had an inadequate response to DMARDS and/or 1 biological DMARD , only if they cannot have rituximab <b>and</b> Disease responded inadequately to rituximab and at least 1 biological DMARD	SC	200mg once every 2 weeks.  Reduce the dose to 150mg once every 2 weeks for patients with neutropenia, thrombocytopenia and increased LFTS.
<b>Tocilizumab (±MTX)</b>	Monoclonal antibody – inhibits interleukin-6 (IL-6) receptor	NICE TA375 NICE TA247	Disease has not responded to conventional DMARDS - 1 <sup>st</sup> line <b>and</b> May also be used if disease has not responded to a previous TNF inhibitor and the pt cannot receive rituximab because of CI or adverse event to rituximab	SC or IV	<b>SC</b> - 162mg once weekly (as per SPC) or <b>IV</b> - 8mg/kg every 4 weeks  For patients >100kg, doses exceeding 800mg are not recommended
<b>Oral therapies</b>					
<b>Baricitinib (±MTX)</b>	Selective JAK1 and JAK2 inhibitor	NICE TA466	Active RA for pts who have had an inadequate response to DMARDS and/or 1 biological DMARD (only if they cannot have rituximab)	PO	4mg once daily.  2mg once daily is appropriate for pts ≥75 years and over  <a href="#"><sup>1</sup>MHRA Drug Safety Update August 2020</a> - Use baricitinib with caution in patients with diverticular disease and in those concomitantly treated with medications associated with an increased risk of diverticulitis
<b>Filgotinib (±MTX)</b>	Selective JAK1 inhibitor	NICE TA676	Active RA for pts who have had an inadequate response to DMARDS and/or 1 biological DMARD (only if they cannot have rituximab)	PO	200mg once daily for adult 18-74 yrs 100mg once daily increasing to 200mg daily if necessary for adult 75 years and over
<b>Tofacitinib (±MTX)</b>	Inhibitor of JAK1 and JAK3.	NICE TA480	Active RA for pts who have had an inadequate response to DMARDS and/or 1 biological DMARD (if they cannot have rituximab)	PO	5mg taken twice daily
<b>Upadacitinib</b>	JAK inhibitor	NICE TA665	For treating severe rheumatoid arthritis	PO	15mg taken once daily