Coventry and Warwickshire Locally Agreed Policy for use of biologic drugs for the treatment of Rheumatoid Arthritis

Use standard DMARD treatment(s) for rheumatoid arthritis following CG79

Has patient responded to combination DMARD therapy?

If DAS28 score been >5.1 on 2 occasions at least 1 month apart, and at two DMARDs have been trialled (one being methotrexate if not contraindicated) Consider Biologic.

Does patient have a relative contraindication to an anti-TNF?

Choose most appropriate and cost effective biologic treatment, ideally by subcutaneous route.
- Tocilizumab
- Adalimumab
- Certolizumab
- Etanercept

Does patient have a relative contraindication to methotrexate or an intolerance to methotrexate?

Choose most appropriate and cost effective biologic treatment, ideally by subcutaneous route.
- Tocilizumab
- Adalimumab
- Certolizumab
- Etanercept
- Or Rituximab

Adverse event, failed response or loss of efficacy?

Yes: Try Rituximab (preferred if patient CCP+ve)

No: Continue and monitor

Choose most appropriate and cost effective biologic treatment, ideally by subcutaneous route given with methotrexate from:
- Abatacept
- Adalimumab
- Certolizumab
- Etanercept
- Golimumab
- Infliximab
- Tocilizumab

Adverse event, failed response or loss of efficacy?

Yes: Continue and monitor

No: Choose most appropriate and cost effective biologic treatment

Adverse event, failed response or loss of efficacy?

Yes: Try Rituximab plus DMARD

No: Continue and monitor

Choose most appropriate and cost effective biologic treatment when choosing a 2nd/3rd/4th line agent choose an agent with different mode of action to one of the biologics already used.

T lymphocyte inhibitors
- Abatacept

IL-6 receptor antibody
- Tocilizumab

Anti CD20 antibody
- Rituximab

BLUETEO PROFORMA NEEDED ON THERAPY CHANGE

Adverse event, failed response or loss of efficacy?

After an adverse event a clinician may choose a second biologic from the same group provided it is not thought likely to cause the same side effect. A failed response is a failure to achieve a reduction in DAS by ≥1.2 in the first 6 months. Loss of efficacy is defined as a progressive decline (worsening DAS score) not attributed to a treatment break identified on more than one consultation with the patient. In the event of a failed response the clinician may consider choosing another agent with a different mode of action. If a patient fails to respond to all potentially clinically appropriate choices defined in this pathway biologic treatment should be withdrawn. In the event of this withdrawal provoking an acute decline in condition the final biologic may be restarted.

Patients should be monitored every 3 months. Once a patient is in clinical remission in all parameters consider dose reductions/interval extensions. If patient does not maintain remission return to previous dosing

BLUETEO PROFORMA NEEDED ANNUALLY AND/ OR ON THERAPY CHANGE

BLUETEO PROFORMA NEEDED ANNUALLY AND OR ON THERAPY CHANGE. UPDATE BLUETEO WHEN TREATMENTS ARE STOPPED