# Commissioning Policy: Coventry & Rugby CCG

<table>
<thead>
<tr>
<th>Date:</th>
<th>September 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested Intervention:</td>
<td>Rituximab in rheumatoid arthritis for patients unable to take methotrexate</td>
</tr>
<tr>
<td>CCG decision:</td>
<td>Rituximab monotherapy or in combination with leflunomide is recommended as an option for the treatment of adults with severe active rheumatoid arthritis who have had an inadequate response to, or are intolerant of, other disease-modifying anti-rheumatic drugs (DMARDs), including at least one tumour necrosis factor (TNF) inhibitor AND the patient is methotrexate intolerant or treatment with methotrexate is considered to be inappropriate. Treatment with rituximab should be given no more frequently than every 6 months.</td>
</tr>
<tr>
<td>Evidence Summary:</td>
<td>As per British Society of Rheumatology (BSR) Guidelines on the Use of Rituximab in Rheumatoid Arthritis</td>
</tr>
</tbody>
</table>
| Criteria for Use (if applicable): | • Inadequate response to anti-TNF therapy (DAS28 score not improved by ≥ 1.2 during the 6 months following treatment).  
• As rituximab is unlicensed in this setting patients must be informed that the product is being used off label and sign a consent form before treatment is initiated. |
| Discontinuation: | • Adverse event due to rituximab  
• DAS28 score not improved by ≥ 1.2 after 6 months of treatment |
| Further Information | An audit will take place prior to the policy review date to ensure compliance with this policy and to assess patient response. This policy will be reviewed in light of new evidence or guidance. |
# Equality Impact Assessment

**Organisation:** NHS Arden CSU  
**Department:** Medicines & Therapeutics  
**Name of lead person:** Suzy Heafield

**Piece of work being assessed:** Rituximab in rheumatoid arthritis for patients unable to take methotrexate

**Aims of this piece of work:** To provide a policy and criteria for patients requiring Rituximab in the above circumstances

**Date of EIA:** March 2013  
**Other partners/stakeholders involved:** Secondary care clinicians

**Who will be affected by this piece of work?** Patients requiring treatment with Rituximab in the above circumstances

## Single Equality Scheme Strand

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race</th>
<th>Disability</th>
<th>Religion/ belief</th>
<th>Sexual orientation</th>
<th>Age</th>
<th>Social deprivation</th>
<th>Carers</th>
<th>Human rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clinical decisions are based on extensive research and apply to all patients regardless of gender, race, disability, age, religion or belief, sexual orientation, gender identity, social deprivation or caring responsibility</td>
<td></td>
<td></td>
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<td></td>
<td>Will this piece of work adversely impact on anyone’s human rights?</td>
</tr>
</tbody>
</table>

**Baseline data and research on the population that this piece of work will affect.**  
What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible.  
**Include consultation with service users wherever possible**

**Is there likely to be a differential impact?**  
Yes, no, unknown

**Gender**

**Race**

**Disability**

**Religion/ belief**

**Sexual orientation**

**Age**

**Social deprivation**

**Carers**

**Human rights**

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