Commissioning Policy: Coventry & Rugby CCG

Date:	September 2016
Requested Intervention:	Rituximab in rheumatoid arthritis for patients with a contraindication (absolute or relative) to anti-TNF therapy
CCG decision:	Rituximab is recommended as an option for the treatment of adults with severe active rheumatoid arthritis as a first line biologic drug **IF** the patient has an absolute or relative contra-indication to anti-TNF therapy (including previous cancer or a history of interstitial lung disease). Rituximab can be used as monotherapy or in combination with methotrexate or leflunomide. Treatment with rituximab should be given no more frequently than every 6 months.
Evidence Summary:	As per British Society of Rheumatology (BSR) Guidelines on the Use of Rituximab in Rheumatoid Arthritis
Criteria for Use (if applicable):	Patient has: • Active rheumatoid arthritis as measured by disease activity score (DAS28) greater than 5.1 confirmed on at least two occasions, 1 month apart. • Undergone trials of two disease-modifying anti-rheumatic drugs (DMARDs), including methotrexate (unless contraindicated). A trial of a DMARD is defined as being normally of 6 months, with 2 months at standard dose, unless significant toxicity has limited the dose or duration of treatment • Treatment with TNF-α inhibitors should be continued only if there is an adequate response at 6 months following initiation of therapy. An adequate response is defined as an improvement in DAS28 of 1.2 points or more. • 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 **or** • DAS28 score not improved by ≥ 1.2 after 6 months of treatment • After initial response, treatment should be monitored no less frequently than 6-monthly intervals with assessment of DAS28. Treatment should be withdrawn if an adequate response is not maintained.
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.

VERSION CONTROL

Version:	2.0
Ratified by:	Governing Body
Date ratified:	9th November 2016
Name of originator/author:	Suzy Heafield, Medicine Optimisation team
Name of responsible committee:	Clinical Development Group
Date issued:	14 December 2016
Review date:	2018

Version Control

Date	Version	Comment / Update
27/03/13	1.0	Approved by CCG CDG
September 2016	2.0	Reviewed with no changes

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 with a contraindication (absolute or relative) to anti-TNF therapy
Aims of this piece of work	To provide a policy and criteria for patients requiring Rituximab in the above circumstances

Date of EIA	November 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	**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	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	No
Race		
Disability		
Religion/ belief		
Sexual orientation		
Age		
Social deprivation		
Carers		
Human rights	Will this piece of work adversely impact on anyone's human rights?	No