

Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed

Information for the public

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What has NICE said?

Adalimumab (Humira), etanercept (Enbrel), infliximab (Remicade, Remsima, Inflectra) certolizumab pegol (Cimzia), golimumab (Simponi), tocilizumab (RoActemra) and abatacept (Orencia), taken with a drug called methotrexate, are recommended. They are

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possible treatments for people with rheumatoid arthritis, only if their disease:

- is severe and
- has not responded to treatment with a combination of conventional disease-modifying antirheumatic drugs (DMARDs).

Adalimumab, etanercept, certolizumab pegol and tocilizumab can be used alone if people cannot have methotrexate.

Treatment should be stopped after 6 months if the person's rheumatoid arthritis is not responding well enough.

What does this mean for me?

If you have severe rheumatoid arthritis, and your doctor thinks that adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab or abatacept is the right treatment, you should be able to have the treatment on the NHS.

The drugs should be available on the NHS within 3 months of the guidance being issued.

If you are not eligible for treatment as described above, you should be able to continue taking adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab or abatacept until you and your doctor decide it is the right time to stop.

Why has NICE said this?

NICE looks at how well treatments work in relation to how much they cost compared with other treatments available on the NHS.

Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept were recommended because the benefits to patients justify their cost.

The condition and the treatments

Rheumatoid arthritis is caused by the body's immune system attacking healthy joints. The affected joints are painful, swollen and stiff, and over time become damaged and stop

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working properly.

Treatment for rheumatoid arthritis includes a group of drugs called disease-modifying anti-rheumatic drugs (DMARDs). These drugs improve symptoms and slow down joint damage. However, the conventional 'non-biological' type of DMARDs are not suitable for everyone, and some people's rheumatoid arthritis does not respond well to them.

Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept are 'biological' DMARDs. They reduce inflammation in the body so that swelling of the joints is reduced and further damage may be prevented.

[NHS Choices](#) may be a good place to find out more.

Sources of advice and support

- [National Rheumatoid Arthritis Society](#), 0800 298 7650
- [Versus Arthritis](#), 0800 520 0520

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Accreditation

