

## Understanding NICE guidance

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Information for people who use NHS services

# Adalimumab, etanercept, infliximab, rituximab and abatacept for rheumatoid arthritis

*NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS.*

This leaflet is about when **adalimumab, etanercept, infliximab, rituximab** and **abatacept** should be used to treat rheumatoid arthritis in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for people with rheumatoid arthritis but it may also be useful for their families or carers or for anyone with an interest in the condition.

It does not describe rheumatoid arthritis or the treatments in detail – a clinician should discuss these with you. You can get more information from the organisations listed on the back page.



*These may not be the only possible treatments for rheumatoid arthritis. Your healthcare team should talk to you about whether they are suitable for you and about other treatment options available.*

## **What has NICE said?**

NICE recommends rituximab, adalimumab, etanercept, infliximab and abatacept as possible treatment options for some adults with severe active rheumatoid arthritis.

### **Who can have rituximab?**

Rituximab needs to be given in combination with methotrexate, another drug used to treat rheumatoid arthritis. You should be able to have rituximab therapy if you have already tried drugs known as disease-modifying anti-rheumatic drugs (DMARDs), including at least one 'TNF inhibitor', but these drugs haven't worked or you had to stop taking them for medical reasons.

### **Who can have adalimumab, etanercept, infliximab or abatacept?**

You should be able to have adalimumab, etanercept, infliximab or abatacept (in combination with methotrexate) if you cannot take rituximab therapy for medical reasons or you had to stop taking it because you had a bad reaction to it. If the reason you cannot have rituximab therapy is that rituximab itself is not suitable for you, then you should be able to have adalimumab, etanercept, infliximab or abatacept (in combination with methotrexate). If the reason you cannot have rituximab therapy is that methotrexate is not suitable for you, you should be able to have adalimumab or etanercept taken on its own.

After the first 6 months you should be able to keep having treatment with rituximab, adalimumab, etanercept, infliximab or abatacept only if the treatment is clearly improving your rheumatoid arthritis.

### **Why has NICE said this?**

NICE looks at how well treatments work, and also at how well they work in relation to how much they cost the NHS.

NICE recommended rituximab (in combination with methotrexate) because it has been shown to work and it is value for money.

Treatment with adalimumab, etanercept, infliximab or abatacept costs more than treatment with rituximab (in combination with methotrexate). Therefore NICE only recommended these drugs for people who cannot take rituximab or methotrexate.

## Rheumatoid arthritis

Rheumatoid arthritis is a disease in which the body's immune system, which normally fights infection, goes wrong and starts to attack healthy joints. The joints become swollen, stiff and painful, and eventually they can stop working properly. People with 'severe active' rheumatoid arthritis have very swollen and painful joints that can make everyday activities difficult.

## Rituximab, adalimumab, etanercept, infliximab and abatacept

Rituximab (also known as MabThera), adalimumab (also known as Humira), etanercept (also known as Enbrel), infliximab (also known as Remicade) and abatacept (also known as Orencia) work in different ways but they all help to stop the body's immune system attacking the joints. This helps to reduce swelling and joint damage in people with rheumatoid arthritis. Rituximab, infliximab and abatacept need to be taken in combination with another drug known as methotrexate. Adalimumab and etanercept can be taken in combination with methotrexate and also on their own.

### What does this mean for me?

When NICE recommends a treatment, the NHS must make sure it is available to those people it could help, normally within 3 months of the guidance being issued.

So, if you have rheumatoid arthritis, and you and your doctor think that rituximab (in combination with methotrexate) is the right treatment for you (see 'What has NICE said?' over the page), you should be able to have the treatment on the NHS.

You should be able to have adalimumab, etanercept, infliximab or abatacept (each in combination with methotrexate) if you cannot take rituximab therapy for medical reasons or you had to stop taking it because you had a bad reaction to it. If the reason you cannot have rituximab therapy is that rituximab itself is not suitable for you, then you should be able to have adalimumab, etanercept, infliximab or abatacept (in combination with methotrexate). If the reason you cannot have rituximab therapy is that methotrexate is not suitable for you, you should be able to have adalimumab or etanercept (each taken on its own) on the NHS. Please see [www.nice.org.uk/aboutguidance](http://www.nice.org.uk/aboutguidance) if you think you are eligible for the treatment but it is not available.

## More information

The organisations below can provide more information and support for people with rheumatoid arthritis. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- National Rheumatoid Arthritis Society, 0800 298 7650  
[www.nras.org.uk](http://www.nras.org.uk)
- Versus Arthritis, 0800 520 0520  
[www.versusarthritis.org](http://www.versusarthritis.org)

NHS Choices ([www.nhs.uk](http://www.nhs.uk)) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

## About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts, including healthcare professionals and people representing patients and carers. They consider the evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals, and consider the costs involved. Staff working in the NHS are expected to follow this guidance.

*To find out more about NICE, its work and how it reaches decisions, see [www.nice.org.uk/aboutguidance](http://www.nice.org.uk/aboutguidance)*

*This leaflet and other versions of the guidance aimed at healthcare professionals are available at [www.nice.org.uk/guidance/TA195](http://www.nice.org.uk/guidance/TA195)*

*You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email [publications@nice.org.uk](mailto:publications@nice.org.uk) and quote reference N2246). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.*

*We encourage NHS and voluntary organisations to use text from this leaflet in their own information about rheumatoid arthritis.*