Arthritis Care consultation submission

NICE technology appraisal:

abatacept for the treatment of rheumatoid arthritis after the failure of conventional DMARDs

Arthritis Care is very disappointed that NICE proposes not to support the use of abatacept, in circumstances where conventional DMARDS have failed. We are very concerned that this draft decision by NICE may result in many people suffering avoidable pain.

We are concerned that cost considerations play too high a role in this decision, and the potential benefit to patient - of clinicians having another pharmaceutical option available as a treatment option - have been given too low a one.

We have continuously emphasised the need for a wide choice of treatment for people with RA. While there are a number of drugs currently available for people with RA, we know that anti - TNF drugs vary substantially in their efficacy: different drugs work differently for different people, and having access to the widest range of treatment options gives someone with RA the best chance of good control of this disabling disease. This draft guidance limits that choice, and so risks condemning a large number of people with RA to living in pain.

Clinicians stress the importance of being able to try different anti-TNF treatments for individual patients. In response to a proposed appraisal in 2008 to restrict the options for anti-TNF treatment Professor Rob Moots, a clinician and Professor of Rheumatology at the University of Liverpool, commmented “it’s almost impossible to know which anti-TNF will work for a patient at the outset.”[1] He went on to describe the NICE appriasal as “flying in the face of clinical judgement”, and stated that “many patients will be left in astonishing pain”. This decison appears to produce the same end result: with repect to a proportion of their RA patients, clinicians will be left knowing that they have been unable to explore all the options potentially available to them for effective treatment.

There is also hard evidence to support the position that abatacept is effective in some cases. A study conducted in 2006 found that “combined abatacept and

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http://www.rheumatology.org.uk/resources/press_releases/armas_statement_on_nices_decision_on_switching_antitnf_for_ra.aspx

methotrexate treatment provided significant improvements to patients with RA, including both physical and mental health, physical functioning, and fatigue."[2]

In support of its decision, NICE states that "few people experience problems handling the injection devices required for other, currently available treatments". Yet NICE also reports that "the Committee heard from patient experts that people do care whether therapies are injected intravenously or subcutaneously". This response appears in the first instance to be irrational, given, as NICE notes, that the intravenous method also involves use of needles. However, it remains the case many people report finding the subcutaneous method difficult, and may have a strong preference for a different form of administration, such as an infusion, which is more convenient for their needs.

We urge NICE to revisit this evidence, and reconsider a decision which risks denying many people with RA the potential life-changing benefits of this drug.

[2] Russell, Wallstein, Li et al, as published in the Annals of Rheumatolgy, 20 June 2006