National Institute for Health and Care Excellence

Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, abatacept and tocilizumab for the treatment of rheumatoid arthritis (review of TA guidance 130, 186, 224, 234 and part review of TA guidance 225 and 247) [ID537]

Royal College of Nursing

Introduction

The National Institute for Health and Care Excellence (NICE) is conducting a multiple technology appraisal for the use of Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, abatacept and tocilizumab for the treatment of rheumatoid arthritis. The appraisal constitutes the review of TA guidance 130, 186, 224, 234 and part review of TA guidance 225 and 247.

NICE commissioned the School of Health and Related Research (ScHARR), to conduct a critical review of the appraisal. The Assessment Group produced an Assessment Report (with any commercially confidential information removed).

Royal College of Nursing (RCN) was invited to comment on the technical contents of the report prior to the report being considered by the Appraisal Committee.

Members of the RCN Rheumatology Nursing Forum consisting of nurses who care for people with rheumatoid arthritis reviewed the documents on behalf of the RCN.

Assessment Report - RCN Response

The Royal College of Nursing welcomes the opportunity to comment on the Assessment Report of the multiple technology appraisal of the use of Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, abatacept and tocilizumab for the treatment of rheumatoid arthritis. We note that the appraisal is a review of TA guidance 130, 186, 224, 234 and part review of TA guidance 225 and 247.
The RCN's comments on the technical contents of the report proposals are set out below:

The Royal College of Nursing agrees with the interpretation of the evidence and does not think any evidence has been left out.

At this stage, we are unable to comment on the economic model. The report is an enormous document and very difficult to really understand the bottom line within the time given due to the size of it. However, our understanding of the implication from the economic model is that none of the biologic drugs are cost effective although the modelling does not seem to have taken into account the impact of the disease on loss of work productivity and cost of joint replacement surgery. We are therefore, concerned that NICE could take this model and decide that it is no longer financially viable for the English RA population to have access to these drugs.

With regards to how the results should be interpreted in the clinical context, the RCN is of the view that patient choice should be considered as well as the route of administration and the frequency of injections. Further the dexterity need to self inject all mean that patients with rheumatoid arthritis should be offered choice regarding the use of biologics.