National Institute for Health and Clinical Excellence

Multiple Technology Appraisal (MTA)

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 Royal College of Nursing was invited to submit evidence to inform the multiple technology appraisal of 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).

Nurses caring for people with rheumatoid arthritis were invited to submit evidence to be submitted on behalf of the Royal College of Nursing.

Evidence submission

The Royal College of Nursing welcomes the opportunity to submit evidence to inform the appraisal of 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].

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The technology in current practice

Rheumatoid Arthritis is currently treated by traditional DMARDs in combination with or consecutively, one of which should be methotrexate, unless intolerant or contraindicated. DMARD –IR patients then have choice of anti – tnf inhibitors, i.e. adalimumab, etanercept and certolizumab pegol as mono therapy. Adalimumab, etanercept, golimumab, certolizumab pegaol, infliximab and tocilizumab can be given in conjunction with methotrexate.

Alternatives to the therapies are further use of traditional DMARDs.

Population

We welcome that the scope of this technology appraisal will consider biologic treatment for moderate to severe active disease in patients treated with conventional DMARDs and hence is to consider reducing the DAS threshold for treatment to 3.2 on certain groups.

The appraisal would need to look at all treatments as monotherapy as there are a number of patients who are unable to tolerate methotrexate. Guidance on the use of these technologies should include Wales.

Comparators

It might be useful for the appraisal of the technologies if clinicians were asked to report on why the methotrexate dose is not maximised or why it is stopped. This would mean that there would be less incidence of methotrexate being underused before switching to a biologic agent.

We would suggest that the appraisal should also include the use of Tocilizuamb in patients not able to take methotrexate.

Settings

These technologies are used in the following settings:

- Patients screened for the technologies within specialist rheumatology departments
- Subcutaneous preparations are given in the home for self administration
- Intravenous therapies are given in secondary care

The RCN would welcome being able to commence biologic therapy earlier in the disease pathway i.e. in DMARD naïve patients.

Advantages and disadvantages of the technology

The ability to commence biologic therapy in patients who have a DAS 28 of <5.1 and are DMARD-IR would be a very welcome step as there are a number of patients with active disease who have failed to respond adequately to traditional DMARDs but do not currently have DAS28 of > 5.1 (BSR Guidelines – doi:10/rheumatology/keq006b).

It is not clear what the reason is for not considering tocalizumab in DMARD naïve patients. We would reiterate that this treatment should also be considered in this group.

Equalities Issues

The United Kingdom is currently ranked 10th in Europe in level of usage of these technologies for rheumatoid arthritis. Also other countries have lower DAS28 requirement to access these drugs. This should be considered when looking at these technologies.

Appraising the value of the innovation

Work/valued activities should be considered as an outcome. The early treatment of rheumatoid arthritis aims to keep people in employment or return them to employment as soon as possible and should be viewed as a positive outcome.