

Adalimumab, etanercept, infliximab and abatacept for moderate rheumatoid arthritis

The Pan Mersey Area Prescribing Committee recommends the prescribing of adalimumab, etanercept and infliximab, by specialists only, for the treatment of moderate rheumatoid arthritis after conventional DMARDs have failed and in accordance with NICE TA715.

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[NICE technology appraisal \(TA\) 715](#)¹ (14 July 2021) recommends:

- > Adalimumab, etanercept and infliximab, all with methotrexate, as options for treating active rheumatoid arthritis in adults, only if:
 - intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs) has not controlled the disease well enough **and**
 - disease is moderate (a disease activity score [DAS28] of 3.2 to 5.1) **and**
 - the companies provide adalimumab, etanercept and infliximab at the same or lower prices than those agreed with the Commercial Medicines Unit.
- > Adalimumab and etanercept can be used as monotherapy when methotrexate is contraindicated or not tolerated, when the above criteria are met.
- > Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. If this initial response is not maintained at 6 months, stop treatment.
- > If more than one treatment is suitable, start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may vary because of differences in how the drugs are used and treatment schedules.
- > Take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DAS28 and make any appropriate adjustments.
- > **Abatacept** with methotrexate is **not recommended**, within its marketing authorisation, for treating **moderate** active rheumatoid arthritis in adults when 1 or more DMARDs has not controlled the disease well enough.

This guidance partially updates [NICE TA375](#) (26 January 2016).

NICE estimates the additional resource impact of implementing this guidance as £28,000 per 100,000 population in 2021/22, rising to £67,000 per 100,000 in 2023/24, when steady state is assumed to have been reached.

References

1. National Institute for Health and Care Excellence. Technology Appraisal 715; [Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed](#), 14 July 2021. Accessed online 14 July 2021.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.