



Rheumatoid Arthritis Treatment Guidance for Biologic Drugs

Conditions for initiating a Biologic

Medication

- DAS28 >5.1
- DMARD trials
- Intolerance or lack of response to intensive combination DMARD therapy
 - Methotrexate + additional DMARD
 - Treated for 6 months +
- The most cost effective drug must be used first

Funding

Must be applied for via Blueteq for all Shropshire or T+W patients

- Initial funding is for 6 months only
- Continuation funding requires a reduction in DAS28 > 1.2 this provides continuous approval until the drug is ineffective / not tolerated

Sequencing

- 1st line
 - Adalimumab biosimilar (If patient is genuinely needle phobic Baricitinib or Tofacitinib are acceptable 1st line alternatives)
- 2nd line
 - o **EITHER** Rituximab biosimilar
 - o OR Baricitinib OR Tofacitinib
 - o OR Abatacept OR Etanercept
 - OR alterntive TNFα (except Golimumab)
- 3rd Line ONWARDS
 - EITHER any of the above
 - o OR Sarilumab OR Tocilizumab
 - o OR Golimumab

Special Populatations

Heart Failure – Use all biologics with caution. Symptomatic treatment may be more suitable

Patients with anaemia, raised ESR and high disease activity – desirable to use IL6 1st line. See relevant Blueteq form.

Obese patients – consider Golimumab – higher dosing available for those over 100kg



Target	Drug	Licenced for Monotherapy	Included in NICE guidance	Comments / Conditions
ΤΝΓα	Adalimumab	V	TA375 TA195	Can be given weekly when used as monotherapy. Separate funding application required
	Etanercept	V	TA375 TA195	
	Certolizumab	V	TA375 TA195	
	Golimumab	×	TA375 TA195	With Methotrexate ONLY
B cell	Rituximab	×	TA195	2 nd line post anti TNF only / must be with MTX / 4xs infusion = 75%
T cell	Abatacept	×	TA375 TA195	With Methotrexate ONLY
IL6	Sarilumab	$\mathbf{\nabla}$	TA485	
	Tocilizumab	V	TA375	
JAK inhibitor	Baricitinib	V	TA466	Dose reduction if >75yo Dose reduction CrCL 30ml to 60ml/min Not recommended CrCL <30ml/min
	Tofacitinib	V	TA480	

Review date: July 2022