MTRAC
Midlands Therapeutics Review and Advisory Committee

Considerations for Commissioners

Biologic and targeted-synthetic disease-modifying antirheumatic drugs (bDMARDs and tsDMARDs)

For the treatment of refractory rheumatoid arthritis

Commissioning guidance:

Commissioners may wish to consider the following points relating to the use of bDMARDs and tsDMARDs in patients with rheumatoid arthritis (RA) refractory to prior treatment with tumour necrosis factor-α inhibitors (TNFi) and non-TNFi bDMARDs:

- It was the opinion of the MTRAC committee that a process should be put in place to enable timely access to treatment with bDMARDs and tsDMARDs in patients who need sequential bDMARD treatment. This view is based on specialist advice and opinion from two local Rheumatology centres.
- The published evidence is very limited, but clinical experience suggests benefits in terms of continued improvements and reduced admissions for RA flares for patients receiving fourth/fifth-line bDMARDs or tsDMARDs.
- The choice of therapeutic agent in people with RA is a highly individualized one, and dictated by a range of factors. These can include prior medical history (e.g. Rheumatoid factor status, history of tuberculosis, solid tumour, demyelinating disease), and previous bDMARD history (i.e. adverse effects, lack or loss of efficacy), the patient preference regarding mode and frequency of administration and other health-related quality of life concerns, and other comorbid conditions (e.g. ulcerative colitis), needle phobia, and pregnancy.

Strength of the evidence for efficacy

The strength of the evidence for efficacy in this latter part of the treatment pathway is extremely weak. Data from subsets of participants in three randomised controlled trials has shown numerically greater ACR20 responses* with active treatment *vs*. placebo, but given the very low participant numbers in these groups, the statistical significance of differences between treatment groups is unclear. The Regional Medicines Optimisation Committees (RMOCs) are also considering this area of therapy. A recent newsletter[1] stated "this is a difficult area with a limited evidence base. Limited sequential use of biologics has been covered to varying degrees in NICE guidance although no definitive answer reached due mainly to the lack of evidence."

**proportion of patients showing a 20% or more improvement in tender and swollen joint counts and in 3/5 other criteria: pain, disability, CRP, patient and physician global assessment*

MTRAC considered the commissioning of sequential RA drugs at the request of local commissioners. The guidance will be reviewed after publication of the Regional Medicines Optimisation opinion on the sequencing of biologics.

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