Policy Statement: Tocilizumab

(Ref TA 247)

Date of Issue: June 2012

NICE has made recommendations for the use of Tocilizumab in combination with methotrexate as an option for the treatment of rheumatoid arthritis in adults.

Summary of Guidance

NICE has issued Technology Appraisals for Tocilizumab for the treatment of rheumatoid arthritis.

1. Tocilizumab in combination with methotrexate is recommended as an option for the treatment of rheumatoid arthritis in adults if:

   - the disease has responded inadequately to disease-modifying anti-rheumatic drugs (DMARDs) and it is used as described for tumour necrosis factor (TNF) inhibitor treatments in **Adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis** (NICE technology appraisal guidance 130), specifically the recommendations on disease activity and choice of treatment or
   - the disease has responded inadequately to DMARDs and a TNF inhibitor and the person cannot receive rituximab because of a contraindication to rituximab, or because rituximab is withdrawn because of an adverse event, and tocilizumab is used as described for TNF inhibitor treatments in **Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor** (NICE technology appraisal guidance 195), specifically the recommendations on disease activity or
   - the disease has responded inadequately to one or more TNF inhibitor treatments and to rituximab
   - and the manufacturer provides tocilizumab with the discount agreed as part of the patient access scheme.

2. People currently receiving tocilizumab for the treatment of rheumatoid arthritis who do not meet the criteria above should have the option to continue treatment until they and their clinicians consider it appropriate to stop.
Nice has developed the rheumatoid arthritis commissioning algorithm below as a tool to aid implementation.

**NICE guidance on biologic drugs for the treatment of rheumatoid arthritis (February 2012)**

This algorithm is a tool to aid the implementation of NICE guidance on biologic drugs for the treatment of rheumatoid arthritis. It includes all of the biologic drugs approved by NICE for treatment of this condition at the time of publication in February 2012.

Commissioners and clinicians should refer to the relevant technology appraisal for each biologic drug for further information about their eligibility and prescription.

**Key to terms:**
- DAS28: disease activity score
- DMARD: disease-modifying anti-rheumatic drug
- MTX: methotrexate
- TA: NICE technology appraisal
- TNF: tumour necrosis factor

**Algorithm Flowchart**

1. **Use the least expensive TNF inhibitor as monotherapy:**
   - adalimumab (TA130) or
   - certolizumab pegol (TA186) or
   - etanercept (TA130)

2. Has the TNF inhibitor been withdrawn because of an adverse event within first 6 months of treatment?
   - Yes: consider alternative TNF inhibitor
   - No: adequate response to treatment at 6 months (DAS28 score improved by $\geq 1.2$)?
     - Yes: maintain same treatment and monitor patient every 6 months
     - No: use as a monotherapy:
       - adalimumab (TA195) or
       - etanercept (TA195)

3. Use standard DMARD treatment(s) for rheumatoid arthritis (CG79)
   - Is DAS28 score $> 5.1$, on 2 occasions, 1 month apart?
     - Yes: is the patient responding to DMARD treatment?
     - No: has the patient undergone 2 x 6-month DMARD trials including MTX?
     - Yes: is the patient intolerant to MTX, or is treatment with MTX considered to be inappropriate?
     - No:
   - Use the least expensive biologic drug:
     - adalimumab + MTX (TA130) or
     - certolizumab pegol + MTX (TA186) or
     - etanercept + MTX (TA130) or
     - golimumab + MTX (TA225) or
     - infliximab + MTX (TA130) or
     - tocilizumab + MTX (TA247)

4. Has the biologic drug been withdrawn because of an adverse event within first 6 months of treatment?
   - Yes: maintain same treatment and monitor patient every 6 months
   - No: adequate response to treatment at 6 months (DAS28 score improved by $\geq 1.2$)?
     - Yes: maintain same treatment and monitor patient every 6 months
     - No: does the patient have a contraindication to rituximab?
     - Yes: rituximab + MTX (TA195)
     - No:

5. Abatacept + MTX (TA195) or
   - Adalimumab + MTX (TA195) or
   - Etanercept + MTX (TA195) or
   - Golimumab + MTX (TA225) or
   - Infliximab + MTX (TA195) or
   - Tocilizumab + MTX (TA247)

6. Has the disease responded inadequately to one or more TNF inhibitor treatments and rituximab?
   - Yes: tocilizumab + MTX (TA247)
   - No:

7. Adequate response to treatment at 6 months (DAS28 score improved by $\geq 1.2$)?
   - Yes: maintain same treatment and monitor patient every 6 months
   - No: has rituximab been withdrawn because of an adverse event?
     - Yes: rituximab + MTX (TA195)
     - No:...
PAC recommendation is that tocilizumab in combination with methotrexate is recommended as an option for the treatment of rheumatoid arthritis in adults if the criterion falls within the NICE guidance TA247 and where different therapies are available; the most cost effective option should be used.

This statement will be reviewed in light of new evidence or further guidance from NICE.

(See full NICE guidance)