

22 October 2021

**Dear Recipient**

The following NICE appraisal, published 14 July 2021, has been considered by Healthcare Improvement Scotland through its procedure of processing of NICE appraisals:

**NICE (Multiple) Technology Appraisal Guidance No 715 – Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed**

This guidance states that:

1.1 Adalimumab, etanercept and infliximab, all with methotrexate, are recommended 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.

1.2 Adalimumab and etanercept can be used as monotherapy when methotrexate is contraindicated or not tolerated, when the criteria in 1.1 are met.

1.3 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.

1.4 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.

1.5 Take into account any physical, psychological, and sensory or learning disabilities, or communication difficulties that could affect the responses to the DAS28 and make any appropriate adjustments.

1.6 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.

Web reference for appraisal and other related documents: <https://www.nice.org.uk/guidance/TA715>

NHSScotland should note that:

1. Healthcare Improvement Scotland advises that the recommendations are as valid for Scotland as for England and Wales.

2. The Scottish Medicines Consortium (SMC) has previously issued guidance to NHSScotland on the use of: abatacept (719/11, 888/13); adalimumab (81/03); certolizumab pegol (590/09); etanercept (305/06); golimumab (733/11); infliximab (1006/14, 1007/14); tocilizumab (593/09, 774/12) in rheumatoid arthritis. NICE (Multiple) Technology Appraisal (MTA) Guidance No 375 superseded SMC advice.

This NICE MTA guidance No 715 partially updates NICE MTA 375 on adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed. NICE MTA 715 provides guidance on adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis.

3. NHSScotland should take account of the NICE appraisal and this Healthcare Improvement Scotland email in its planning, funding and provision of services to ensure that recommended drugs or treatments are made available to meet clinical need.

4. Copies of the NICE appraisal can be downloaded from <http://www.nice.org.uk>. Also on the website are tools that NICE has developed to help organisations implement this guidance. However, please note that the care pathway described in the costing tool may not completely reflect practice in NHSScotland.

Finally, an easy to read summary of the appraisal, called "information for the public" is published on the NICE website to provide information for patients and the public.

5. Healthcare Improvement Scotland advice represents the evidence-based view of Healthcare Improvement Scotland.

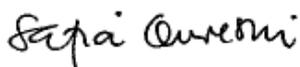
6. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. All health boards have procedures in place to consider requests if a healthcare professional feels that a particular medicine is more suitable for a specific patient than existing formulary options. Please refer to the booklet "[Medicines in Scotland: What's the right treatment for me?](#)" for further information.

7. No other publications on the NICE appraisal will be issued by Healthcare Improvement Scotland.

8. Whilst this email alert is distributed widely in NHSScotland, I would appreciate if Medical Directors could forward this email to relevant health professionals in their Board.

If you need further assistance, please complete the contact form at <https://www.scottishmedicines.org.uk/about-us/contact-us/>, and we will get back to you as soon as possible.

Kind regards



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