BEDFORDSHIRE, LUTON AND MILTON KEYNES AREA PRESCRIBING COMMITTEE (APC)

Rheumatoid Arthritis Treatment Pathway for Moderate Disease

(updated September 2023, previous March 2022)

(NB if treating severe disease – use the Severe disease pathway)

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB); Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

NHS

Management of Moderate Rheumatoid Arthritis (i.e. DAS 28 ≥ 3.2 and < 5.1)

Preferred Treatment Pathway (in line with NICE TAs and locally agreed APC guidance)

(Approved by BLMK APC March 2022, Updated September 2023)

General Prescribing notes when using a TNF inhibitor or a JAK inhibitor

- Clinicians should refer to the individual SPmCs for full prescribing information, noting ▼black triangle status where applicable. – **click here**
- **TNF inhibitors should be avoided in patients with any of the following co-morbidities:-** Proven malignancy in last 10 years; malignant melanoma at any point ; MS ; Bronchiectasis Pulmonary Fibrosis; SLE ; congestive heart failure (NYHA class III / IV)
- **JAK inhibitors** The MHRA have issued a drug safety update (DSU) bulletin (April 2023) detailing new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality with JAK inhibitors. See **MHRA advice** on measures to consider before considering prescribing a JAK inhibitor.
- **Prescribe in combination with methotrexate unless contraindicated / not tolerated**
- Where possible, prescribe the least expensive agent (taking into account individual patient factors)
- Always prescribe by brand name
- Biosimilar biologics are preferred over the originator brand (cost effective)
- NB. If using infliximab for moderate disease, NICE only supports the use of a biosimilar version.
- Switching from originator brand to a biosimilar should be carried out as per locally agreed switching

FIRST STAGE

- **Intensive therapy with a combination of 2 or more conventional disease-modifying anti rheumatic drugs (DMARDs)**

If an adequate response is not achieved, consider moving onto second stage treatment options

SECOND STAGE

- **Consider either a NICE approved * TNF inhibitor or JAK inhibitor (JAKi)** **(**NICE approved options listed below):-
- (When choosing, take into account other co-morbidities e.g. TNFi s not suitable for patients with :- Proven malignancy in last 10 years; malignant melanoma at any point ; MS ; Bronchiectasis; Pulmonary Fibrosis ; SLE ; congestive heart failure (NYHA class III / IV)
- **For JAKi** - See **MHRA advice** on measures to consider before considering prescribing a JAK inhibitor.

Treatment Choice Options

TNF inhibitor options (approved by NICE)

- **adalimumab s/c (biosimilar) +/- methotrexate** (preferred 1st line choice of TNF Inhibitor
- **etanercept s/c (biosimilar) +/- methotrexate**
- **infliximab s/c or IV (biosimilar) PLUS methotrexate**

JAK inhibitor options (approved by NICE)

- **filgotinib ▼+/- methotrexate**
- **upadacitinib▼ +/- methotrexate**

REVIEW PROCESS

Review after 6 months:-

- **continue** if a moderate response achieved (improvement in DAS28 score of 0.6 or more (based on EULAR guidelines).
- **discontinue** if adequate response is not achieved - If second stage treatment fails, and if the disease progresses to severe disease (ie DAS 28 > 5.1), - **follow the separate severe disease pathway**

NB: If used a TNF inhibitor, an alternative TNF inhibitor from the list above may be used if treatment was stopped due to an adverse event within the first 6 months, unless it's deemed to be a class effect reaction (as per local agreement).