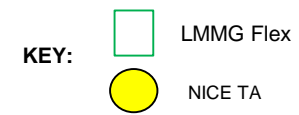


Rheumatoid Arthritis

LMMG Recommended High Cost Drug Pathway

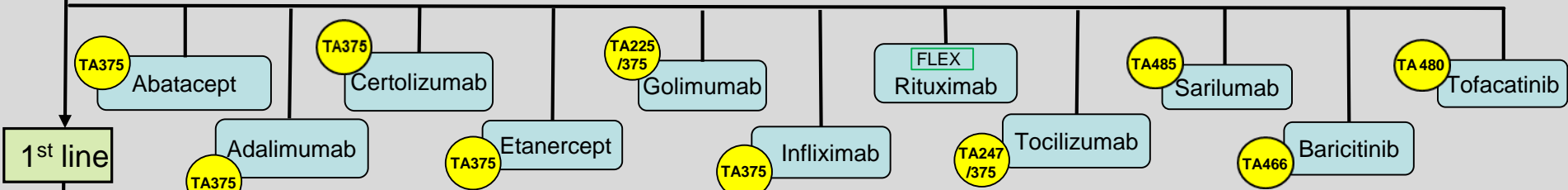
Patients taking concomitant Methotrexate



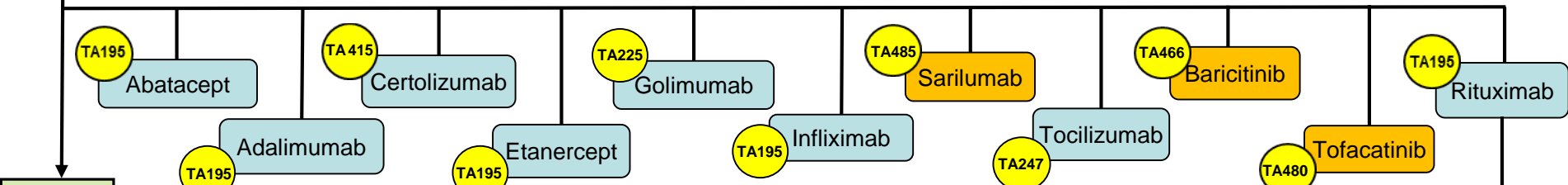
Disease is severe i.e. DAS28 >5.1
 Disease has not responded to intensive therapy with a combination of conventional DMARDs
 Patient meets NICE criteria to start

Treatment to be initiated with the most cost effective, clinically appropriate drug (taking into account administration costs, required dose and product price per dose). This may need to be varied in individual cases due to differences in the mode of administration and treatment schedules

Switch if ADR within 6 months.



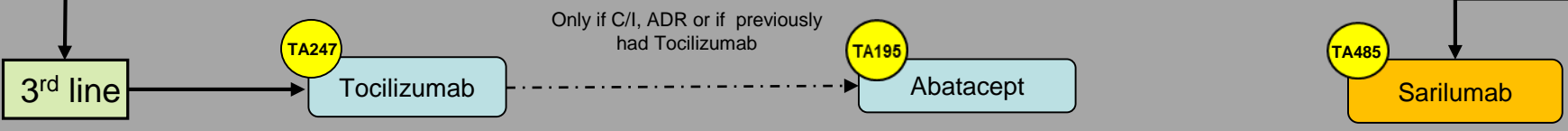
Continue treatment only where there is a moderate response after 6 months using EULAR criteria . i.e. >1.2 DAS28 points or development of tolerance move to 2nd line.
 Treatment to be continued with the most cost effective, clinically appropriate drug (taking into account administration costs , required dose and product price per dose). This may need to be varied in individual cases due to differences in the mode of administration and treatment schedules. Switch if ADR within 6 months.



Continue treatment only where there is a moderate response after 6 months using EULAR criteria . i.e. >1.2 DAS28 points or development of tolerance move to 3rd line

Tapering of biologics in methotrexate treated patients may be considered if there has been adequate response to treatment: if the patient has a persistent DAS28 score of ≤ 2.6 (for at least 6 months or longer, following treatment for ≥ 1 year

= Only if patient has ben treated with or cannot have at least 1 biological DMARD.



Only if C/I, ADR or if previously had Tocilizumab

Failure of third line treatment constitutes the end of the commissioned biologics pathway

Rheumatoid Arthritis

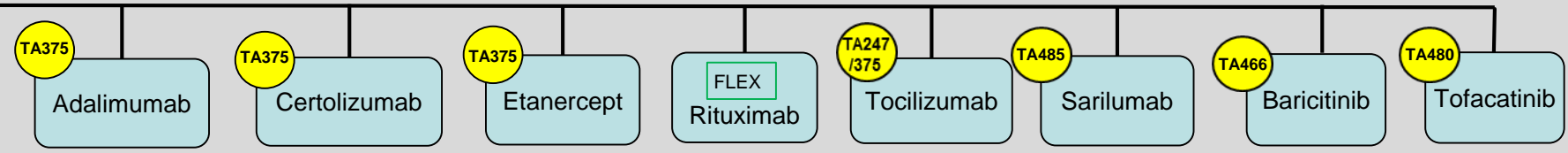
LMMG Recommended High Cost Drug Pathway

KEY: LMMG Flex
 NICE TA

Disease is severe i.e. DAS28 >5.1
 Disease has not responded to intensive therapy with a combination of conventional DMARDs
 Patient meets NICE criteria to start

Patients on Monotherapy, without Methotrexate

Treatment to be initiated with the most cost effective, clinically appropriate drug (taking into account administration cost, required dose and product price per dose). This may need to be varied in individual cases due to differences in the mode of administration and treatment schedules.
 Switch if ADR within 6 months.

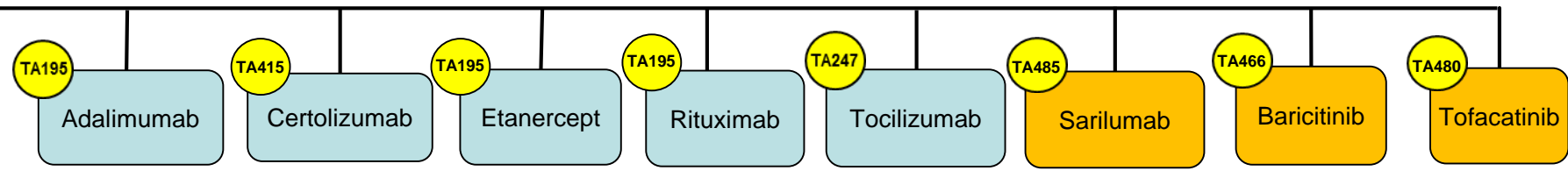


Continue treatment only where there is a moderate response after 6 months using EULAR criteria i.e. >1.2 DAS28 points or development of tolerance move to 2nd line.
 Treatment to be continued with the most cost effective, clinically appropriate drug (taking into account administration costs, required dose and product price per dose). This may need to be varied in individual cases due to differences in the mode of administration and treatment schedules

Switch if ADR within 6 months.

1st line

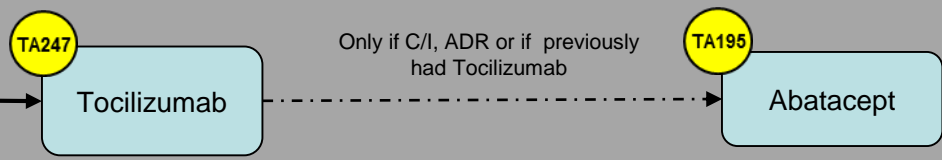
2nd line



Continue treatment only where there is a moderate response after 6 months using EULAR criteria i.e. >1.2 DAS28 points or development of tolerance move to 3rd line

= Only if patient has been treated with or cannot have at least 1 biological DMARD.

3rd line



Failure of third line treatment constitutes the end of the commissioned biologics pathway

Flex 1 Rituximab 1st Line: If patient has had cancer within the last 5 years, malignant melanoma at any point, moderate congestive heart failure, ILD.