

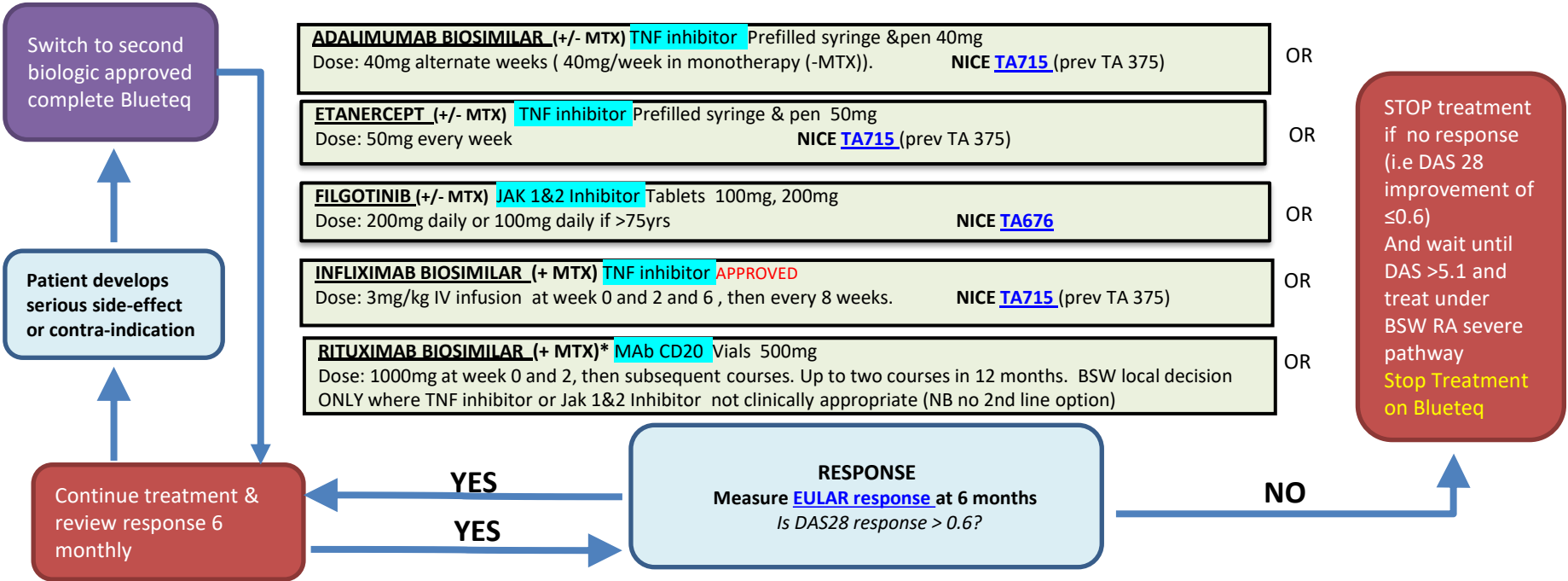
MODERATE RHEUMATOID ARTHRITIS HIGH COST DRUGS TREATMENT PATHWAY IN ADULTS

Referral, diagnosis and investigations for the management of rheumatoid arthritis in adults should follow NICE Guideline [NG 100](#) (July 2018). 'Treat to Target' with conventional disease modifying anti-rheumatic drugs (cDMARDs) usually (oral methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) first line. Following a failure of intensive therapy with **TWO** or more cDMARD therapy patients with **moderate disease, Disease Activity Score DAS28 > 3.2** may access the below biologic agents and targeted synthetic DMARDs.

For some patients the choice of biologic will be driven by co-morbidities such as heart failure, demyelination, pregnancy & infection risk. Choose the most appropriate treatment after discussing the advantages and disadvantages of the treatments available with the person having treatment. If more than 1 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 from person to person because of differences in how the drugs are taken and treatment schedules

DAS28 > 3.2

Blueteq approval required PRIOR to initiation. Complete **Moderate RA biologic naïve initiation form** for new patients. **SWITCHING BETWEEN TREATMENTS IS NOT COMMISSIONED** however where a patient develops a serious side effect or a contra-indication to the first line of treatment a second line of treatment is available on completion of **Moderate RA Switch initiation Form**



Dose escalation or further line of treatment

Dose escalation or increase in frequency outside of NICE or third biologic will need approval via the IFR process. Complete forms & send to Trusts D&Ts first. Dose Optimisation / reduction Is commissioned. State dose on Blueteq form 'Local arrangements' Combination Treatment Is not commissioned

Links for CCG Prior approval forms & Individual Funding Requests: NHS BSW CCG: <https://www.bswccg.nhs.uk/your-health/what-we-do-and-don-t-fund>