



16 December 2011

Dear

Re: Tocilizumab for RA rapid review (TA198) - comments on ACD

The decision by NICE to allow tocilizumab (the only interleukin-6 antagonist currently available) to be used earlier in the management sequence of rheumatoid arthritis (RA) is greatly welcomed. The evidence base for the use of this biologic agent in RA is extensive and tocilizumab is well placed to be started in patients who have failed traditional DMARDs, such as methotrexate (MTX), as well as those individuals no longer responding to anti-TNF agents.

One of the challenges rheumatologists face is to determine which medication is most appropriate for any particular person with RA. Due to the heterogeneic nature of the condition rheumatologists do not know who will respond optimally to any specific therapy. In spite of this, however, certain clinical features lend themselves to favouring tocilizumab over other biologic agents such as TNF antagonists. This includes patients with a high inflammatory response (eg. high CRP) and those with systemic features such as fatigue and anaemia, which are driven largely by interleukin-6. Furthermore tocilizumab is an excellent choice for those patients where compliance may be an issue as it is given intra-venously.

The BSR would like clarification of the draft guidance due to the ambiguity of statements 1.1 and 1.2 which appear to be mutually exclusive. In statement 1.1 tocilizumab may be used in combination with methotrexate prior to anti-TNF therapy however statement 1.2 states that it is only recommended in patients who have failed on TNF antagonists. Furthermore bullet point 3 of statement 1.1 suggests that tocilizumab may be used as monotherapy as 3 of the anti-TNF biologics can be used as monotherapy (etanercept, adalimumab and certolizumab).

Overall the decision is a major step forward in combating the debilitating condition of RA and has given clinicians greater freedom to optimise patient outcomes.

Yours Sincerely



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