

National Institute for Health and Clinical Excellence

**Rheumatoid arthritis - tocilizumab (rapid review TA198)**

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Royal College of Nursing

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**Introduction**

The Royal College of Nursing (RCN) was invited to review the Appraisal Consultation Document (ACD) for Single technology appraisal (STA) Rheumatoid arthritis - tocilizumab (rapid review TA198).

Nurses who care for people with rheumatoid arthritis reviewed the consultation documents on behalf of the RCN.

**Appraisal Consultation Document – RCN Response**

The Royal College of Nursing welcomes the opportunity to review the Appraisal Consultation Document (ACD) of the single technology appraisal of Rheumatoid arthritis - tocilizumab (rapid review TA198).

The RCN's response to the four questions on which comments were requested is set out below:

i) **Has all of the relevant evidence been taken into account?**

We welcome the review of the evidence of the use of tocilizumab in a number of treatment approaches on the pathway and have nothing further to add with regards to the evidence reviewed.

ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?**

The clinical summaries bring together the results of a number of trials and although we have no specialist knowledge of economic modeling, the interpretation of the evidence would appear to be reasonable. The clinical summaries confirm the benefits of using tocilizumab that we have seen in our practice, including the ongoing benefits in patients who took part in the trial for DMARD- IR and were TNF- alpha inhibitor naive who remain in remission, both of whom have been able to return to full time work.

We also know of patients who have managed to return to heavy manual work when tocilizumab has been used after failure of a TNF- alpha inhibitor.

We have experience of an increasing number of patients who are on this medication in its current place in the pathway who by the nature of this position have had their RA for several years with a high level of chronicity who are also in remission.

Inclusion of the patient access scheme is also noted and welcomed.

We understand that NICE, under its current remit, cannot take into account the societal costs of sub-optimal treatment of patients with RA but would like to state that these remain a significant cost to the economy as a whole.

iii) **Are the provisional recommendations sound and a suitable basis for guidance to the NHS?**

We welcome the inclusion of tocilizumab plus methotrexate as an option after inadequate response to one or more DMARDS as well as the continued recommendation of its place as a treatment choice after inadequate response to DMARD and TNF- alpha inhibitor and rituximab as well as in patients for whom rituximab is contra-indicated.

The patient access scheme recognises the cost of biologic treatments and is welcomed as a means to keep costs down and reduce some of the burden on the Health Service.

We do not have full details on the patient access scheme agreed with Roche and Department of Health. We are aware that with a previous patient access scheme (as seen with certolizumab and UCB) there has been instruction from some PCTs that Certolizumab must be used first line and know of at least three PCTs who have enforced this.

If the patient access scheme for tocilizumab makes the total acquisition cost of tocilizumab much cheaper than the other biologics, then we would hope that PCTs do not enforce that tocilizumab must be the preferred first line biologic as this would limit patient choice.

It would have been helpful if there are more details regarding the patient access scheme, (for example will the discount be on the infusion costs or the drug cost?), we however, understand that this could be subject to the confidential agreement with Roche & Department of Health.

- iv) Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief? Are there any equality-related issues that need special consideration and are not covered in the appraisal consultation document?**

None that we are aware of at this stage. We would however, ask that any guidance issued should show that equality issues have been considered and that the guidance demonstrates an understanding of issues concerning patients' age, faith, race, gender, disability, cultural and sexuality where appropriate.