Response to the Tocilizumab for the treatment of rheumatoid arthritis

Comments on behalf of Royal College of Pathologists

Thank you for asking to comment on the appraisal consultation document (ACD2) on tocilizumab for the treatment of rheumatoid arthritis. The Royal College of Pathologists is still disappointed by the decision of NICE not to recommend Tocilizumab for the treatment of any sub-group of patients with rheumatoid arthritis. Tocilizumab is a new monoclonal antibody which inhibits a cytokine – interleukin 6 and has been licensed to treat patients with moderate to severe rheumatoid arthritis who have not responded to one or more disease modifying anti-rheumatoid drugs or anti TNF drugs.

At present there are only two different types of clinically significant biological agents for the treatment of patients with rheumatoid arthritis who have not responded to first line treatment. Drug with a different modality of action is useful in the therapeutic armoury for rheumatoid arthritis. This would enable future medical scientist to identify sub-group of patients who might respond to one and not another biological agent. Although rare, neurological adverse reactions to anti-TNF drug is major disadvantage for patients who develop them. Tocilizumab acts is a completely separate pathway hence useful alternative for the treatment of such patients.

The Appraisal Committee is interested in receiving your comments on the ACD under the following general headings.

i) Do you consider that all of the relevant evidence has been taken into account?

We think published evidence at the time of submission by the manufacturer was taken into account in the appraisal process. However, published evidences since the submission has not been considered. The economic model evaluated may now be out of date too. We think it is advisable to ask manufacturer for additional data on efficacy in different subgroup of patients (rheumatoid factor positive, initial CRP levels, etc).

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and that the preliminary views on the resource impact and implications for the NHS are appropriate?

The true long term medical cost and indirect cost due to disability and loss of earnings, is difficult to compare against the cost of treatment with toclizumab responders who have failed other treatment.

iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?
The recommendations are sound for patients with rheumatoid arthritis who have failed to respond to DMARD and 1st anti-TNF. However, the recommendations are not acceptable for patients who have not responded to more than one biological agent or have developed adverse reaction to them or are unable to be given due to pre-morbid conditions.

In view of the different modality of the biological property of tocilizumab and adverse reaction profile unrelated to anti-TNF drugs, tollilizumab should have been approved for patients rheumatoid arthritis who have failed to respond to one or more anti-TNF drugs or patients who have developed neurological adverse reactions to anti-TNF drug.

iv) Are there any equality related issues that need special consideration that are not covered in the ACD?

Efficacies in different age, sex population and ethnic group have not been evaluated fully.

Comments prepared by ************