

**Kent and Medway Policy Recommendation and Guidance Committee**  
**Policy Recommendation**

<b>Policy:</b>	<b>PR 2024-09: Infliximab without methotrexate for rheumatoid arthritis</b>
<b>Issue date:</b>	<b>May 2024</b>
<p>The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered NICE guidance, the evidence base, baseline position, other Integrated Care Board (ICB) policies, the views of clinical specialists, equality and equity issues, and the potential impact of a new policy.</p> <p>All decisions were made with reference to the Kent and Medway ICB principles for clinical decision-making. Taking these into account, the PRGC recommends:</p> <ul style="list-style-type: none"> <li>• Infliximab without methotrexate for adults with rheumatoid arthritis is funded by Kent and Medway ICB if the following criteria are met: <ul style="list-style-type: none"> <li>◦ Patients have severe rheumatoid arthritis (DAS28 greater than 5.1)* and are intolerant of methotrexate.</li> <li>◦ Treatment with infliximab without methotrexate should only be continued if there is a moderate response measured using EULAR criteria at 6 months after starting therapy. After initial response within 6 months, withdraw treatment if a moderate EULAR response is not maintained.</li> </ul> </li> </ul> <p><i>* NICE recommend that when using the DAS28, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DAS28 and make any appropriate adjustments.</i></p> <p>This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.</p> <p>Kent and Medway Integrated Care Board (ICB) will always consider appropriate individual funding requests (IFRs) through its IFR process.</p>	

**Supporting documents**

South, Central and West (SCW) Clinical Effectiveness team (2024) *Infliximab without methotrexate for rheumatoid arthritis – Report for Kent and Medway ICB*

*Equality Analysis Screening Tool – Infliximab without methotrexate for rheumatoid arthritis (2024)*

## Key points

### What is rheumatoid arthritis (RA)?

RA is a chronic systemic inflammatory disease. It typically presents as inflammatory arthritis affecting the small joints of the hands and the feet (usually both sides equally and symmetrically) although any synovial joint can be involved. RA is associated with a number of complications and comorbidities, such as an increased risk of cardiovascular disease, osteoporosis, anaemia, and infection.

### How is RA managed?

If the disease is severe and has not responded to intensive therapy with a combination of conventional disease modifying anti-rheumatic drugs (DMARDs), biological DMARDs may be offered in combination with methotrexate, or alone (depending on the product licence) for people who cannot take methotrexate.

### What is infliximab?

Infliximab is a monoclonal antibody that inhibits the activity of tumour necrosis factor alpha (TNF $\alpha$ ), a pro-inflammatory mediator.

Infliximab (Remicade) has been licensed in the UK for the treatment of RA for many years. According to the licensed posology for infliximab, it must be given concomitantly with methotrexate for the treatment of RA. There exist a number of infliximab biosimilars for intravenous infusion (i.e., Flixabi, Inflectra, Remsima, Zessly). There is also a subcutaneous (SC) version of Remsima, which is the only infliximab product licensed in the UK for subcutaneous administration.

### What does NICE guidance say?

There are a number of different biological drugs recommended by NICE technology appraisal (TA) guidance for RA in certain circumstances, including:

- TNF $\alpha$  antagonists (i.e., adalimumab, certolizumab pegol, etanercept, golimumab, infliximab)
- Anti-CD20 (i.e., rituximab)
- Interleukin (IL) 6 receptor antagonists (i.e., tocilizumab and sarilumab)
- T-cell activation inhibitors (i.e., abatacept)

Infliximab is recommended by NICE as an option for treating RA in certain circumstances in: [TA195](#) (2010), [TA375](#) (2016), and [TA715](#) (2021). All three of these NICE TAs state that infliximab should be used in combination with methotrexate for the treatment of RA, mirroring the licensed posology of infliximab for RA.

There are also a number of small molecule Janus kinase (JAK) inhibitors recommended by NICE TA guidance for RA in certain circumstances, including tofacitinib, baricitinib, upadacitinib and filgotinib.

### What does the evidence say?

A systematic literature search identified 3 relevant studies: 1 randomised controlled trial and 2 prospective observational studies, evaluating infliximab without methotrexate for RA. No health economic studies assessing the cost-effectiveness of infliximab without methotrexate for RA were identified.

In a randomised, double-blind, placebo-controlled study, patients treated with infliximab alone demonstrated similar rates of efficacy compared with patients treated with infliximab in combination with methotrexate. However, this study had a small sample size with small comparator groups, as well as a short-term follow up period.

Low quality evidence from 2 prospective observational studies suggests that there are a small subgroup of patients who are intolerant of methotrexate with severe disease who may benefit from infliximab without methotrexate as a treatment option.

### What is the cost of infliximab?

Infliximab is a high-cost drug excluded from the NHS Payment Scheme.

A confidential local discount is in place for infliximab.

### What is the baseline position in Kent and Medway?

- The Kent and Medway RA high-cost drug (HCD) pathway includes infliximab with methotrexate as a treatment option for treating RA. Infliximab without methotrexate for RA is not included on Kent and Medway formularies or the Kent and Medway RA HCD pathway.

- In 2022/23, the number of approvals for infliximab (with or without methotrexate)<sup>1</sup> for the treatment of RA across Kent and Medway was 7 and total expenditure was £98k.
- According to local specialists, a very small number of patients are currently receiving infliximab without methotrexate at Maidstone and Tunbridge Wells NHS Trust. According to local specialists, no patients at either East Kent Hospitals University NHS Foundation Trust or Medway NHS Foundation Trust<sup>2</sup> receive infliximab without methotrexate for RA.

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<sup>1</sup> The approval forms do not capture whether patients are given concomitant methotrexate.

<sup>2</sup> Individuals with RA in Dartford, Gravesham and Swanley are managed by Medway NHS Foundation Trust.

## Change sheet

### Reason for review:

- Local specialists have requested the use of infliximab without methotrexate for rheumatoid arthritis (RA) in a small number of carefully selected patients.
- However, the use of infliximab without methotrexate for RA has not been assessed by NICE technology appraisal (TA) guidance and is not included on Kent and Medway formularies or the Kent and Medway RA high-cost drug pathway. This is consistent with the license for infliximab, which states that infliximab must be given concomitantly with methotrexate for the treatment of RA.
- Infliximab is a high-cost drug excluded from the NHS Payment Scheme. It is important to ensure appropriate commissioning, financial, and governance arrangements are in place to support consideration of its use.

### Change from baseline:

Infliximab without methotrexate for RA is not included on Kent and Medway formularies or the Kent and Medway RA high-cost drug pathway. Consistent with this, local specialists have confirmed that no patients are currently receiving infliximab without methotrexate for RA at East Kent Hospitals University NHS Foundation Trust or Medway NHS Foundation Trust<sup>3</sup>. According to local specialists, a very small number of patients are currently receiving infliximab without methotrexate at Maidstone and Tunbridge Wells NHS Trust.

Implementing PR2024-09 would mean infliximab without methotrexate would be funded for RA in certain specified circumstances across Kent and Medway.

### Rationale for PR 2024-09:

Low quality evidence from several studies suggests that some patients with severe RA, who are intolerant of methotrexate may benefit from infliximab without methotrexate as a treatment option. Local specialists support the eligibility criteria set out in PR2024-09, noting that use of infliximab without methotrexate may be the most suitable option for people with RA and comorbid conditions such as inflammatory bowel disease, and may potentially avoid the use of more expensive alternative treatments. PR 2024-09 sets out a consistent approach to providing infliximab without methotrexate for RA across Kent and Medway.

### Estimated impact of implementing PR 2024-09:

If infliximab without methotrexate for RA is not available, patients are likely to be switched to an alternative biological instead. The cost impact of funding infliximab without methotrexate for RA is therefore dependent on the cost of the biologicals that would otherwise be used. The cost of these alternative biologics varies; one alternative is less expensive than infliximab, the others are more expensive. The cost of switching to the cheapest as well as most expensive alternative biological has been factored into the cost impact analyses, creating a range of estimates.

The cost impact to Kent and Medway ICB of funding infliximab without methotrexate for RA (according to PR2024-09) is estimated to range between a cost pressure of £27k and a cost saving of £64k in year 1, and between a cost pressure of £22k and a cost saving of £70k in year 2.

If it is assumed that half of the patients potentially eligible for infliximab without methotrexate (according to PR2024-09), instead switch to the most expensive alternative biological available and the other half instead switch to the least expensive alternative biological available, the cost impact of funding infliximab without methotrexate for RA is estimated to be a saving of £19k in year 1 and a saving of £24k in year 2.

Note, these estimates should be treated with caution as they were calculated using a number of unverifiable assumptions. See accompanying report for more information.

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<sup>3</sup> Individuals with RA in Dartford, Gravesham and Swanley are managed by Medway NHS Foundation Trust.