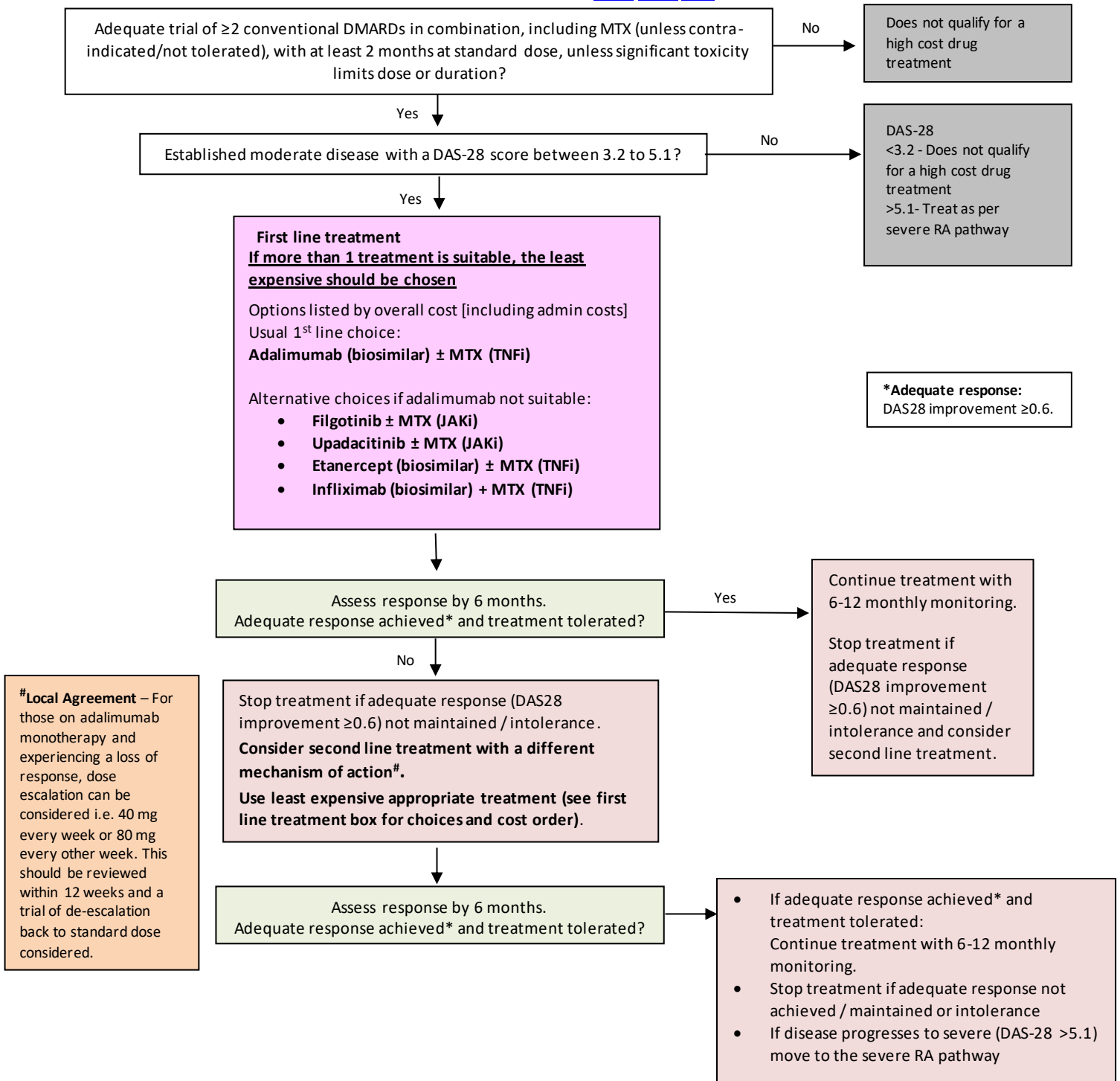


Use of excluded HCDs in the treatment of moderate rheumatoid arthritis in adults.
Treatment pathway in line with NICE TAs 676, 715, 744 & local agreement.



***Adequate response:**
DAS28 improvement ≥0.6.

#Local Agreement – For those on adalimumab monotherapy and experiencing a loss of response, dose escalation can be considered i.e. 40 mg every week or 80 mg every other week. This should be reviewed within 12 weeks and a trial of de-escalation back to standard dose considered.

Treatment requests beyond the end of the algorithm are not routinely commissioned

Biosimilars: Prescribing of biologics should be by brand. All new patients should be prescribed biosimilars in accordance with local arrangements.

Conventional DMARDs include: Methotrexate (MTX) (oral and s/c), sulfasalazine, hydroxychloroquine, penicillamine, azathioprine, leflunomide

Key: DMARDs - disease-modifying anti rheumatic drugs ; MTX – methotrexate; TNFi - tumour necrosis factor-alpha inhibitors; JAKi - Janus kinase inhibitors

Version	1.0
Approved by	Hertfordshire & West Essex Area Prescribing Committee
Date approved / updated	July 2022
Review Date	This HWE APC recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available