

## MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

### FILGOTINIB FOR TREATING MODERATE TO SEVERE RHEUMATOID ARTHRITIS, NICE TA676, FEBRUARY 2021

**RED – RECOMMENDED FOR RESTRICTED USE in Secondary Care**

Name: generic (trade)	What it is	Licensed indications	Decision status	NICE guidance
FILGOTINIB tablets (Jyseleca®▼)	Immunosuppressant; reversible JAK inhibitor	Treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs, with or without methotrexate.	Final	NICE TA676 – recommended

#### MSEMOC recommendation:

**Filgotinib is recommended as an option for treating moderate to severe rheumatoid arthritis in adults in accordance with NICE technology appraisal recommendations.**

#### [NICE TA676](#) recommendation:

1.1 Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if:

- disease is moderate or severe (a disease activity score [DAS28] of 3.2 or more) and
- the company provides filgotinib according to the commercial arrangement.

1.2 Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if:

- disease is severe (a DAS28 of more than 5.1) and
- they cannot have rituximab and
- the company provides filgotinib according to the commercial arrangement.

1.3 Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to rituximab and at least 1 biological DMARD, only if:

- disease is severe (a DAS28 of more than 5.1) and
- the company provides filgotinib according to the commercial arrangement.

1.4 Filgotinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria in sections 1.1, 1.2 or 1.3 are met.

1.5 Choose the most appropriate treatment after discussing the advantages and disadvantages of the treatments available with the person having treatment. If more than 1 treatment is suitable, start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may vary from person to person because of differences in how the drugs are taken and treatment schedules.

1.6 Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. If this initial response is not maintained at 6 months, stop treatment.

1.7 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 adjustments they consider appropriate.



1.8 These recommendations are not intended to affect treatment with filgotinib that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

For further information refer to the [Summary of Product Characteristics for filgotinib](#).

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

<b>References</b>	NICE TA676: Filgotinib for treating moderate to severe rheumatoid arthritis: <a href="https://www.nice.org.uk/guidance/ta676">https://www.nice.org.uk/guidance/ta676</a>
<b>Acknowledgements</b>	Mid and South Essex CCGs Medicines Management Teams
<b>Version</b>	1.0
<b>Author</b>	HCPMSEMOC working group
<b>Approved by</b>	MSEMOC; MSE Joint Committee
<b>Date Approved</b>	May 2021; May 2021
<b>Review Date</b>	May 2026 or sooner if subject to any new updates nationally