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N&WICS - TA715 - Infliximab with methotrexate - Moderate rheumatoid arthritis after conventional DMARDs have failed

Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate explicit consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given: ☐

If there is more than one NICE-approved treatment available, a discussion between the responsible clinician and the patient has taken place about the advantages and disadvantages of the treatments available. This has taken into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. The most appropriate, least expensive, will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. ☐

Patient NHS No:	Trust:	Practice Name:
Patient Hospital No: <input type="text"/>	Consultant Making Request: <input type="text"/>	Practice Postcode:
Patient's Initials and DoB:		Practice Code:
Notification Email Address: <input type="text"/> (@NHS.net account ONLY)		Contact name & number: <input type="text"/>
Start date of requested treatment: <input type="text"/>	Provider: <input type="checkbox"/> Private <input type="checkbox"/> NHS Supplier: <input type="checkbox"/> Homecare <input type="checkbox"/> Hospital	Sub-Type: <input type="text"/> N/A <input type="button" value="v"/> (if applicable)

By completing this form, you confirm that you intend to use the requested medicinal product described below as agreed in the local commissioning statement. Any requests which fall outside of this use will require an individual funding request (IFR).

For support regarding IFRs, please contact: norfolkicd@nhs.net

For support regarding the criteria listed below, please contact: norfolknontariff@nhs.net

Please indicate whether patient meets the following NICE criteria:	Please tick
1. Adalimumab, etanercept and infliximab, all with methotrexate, are recommended as options for treating active rheumatoid arthritis in adults, only if: <ul style="list-style-type: none"> intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs) has not controlled the disease well enough and disease is moderate (a disease activity score [DAS28] of 3.2 to 5.1) and the companies provide adalimumab, etanercept and infliximab at the same or lower prices than those agreed with the Commercial Medicines Unit. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Adalimumab and etanercept can be used as monotherapy when methotrexate is contraindicated or not tolerated, when the criteria in 1.1 are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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, stop treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If more than one 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 because of differences in how the drugs are used and treatment schedules.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Abatacept with methotrexate is not recommended, within its marketing authorisation, for treating moderate active rheumatoid arthritis in adults when 1 or more DMARDs has not controlled the disease well enough.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that the patient meets the criteria for treatment	
Name of person completing: <input type="text"/>	Contact Details: <input type="text"/>

Designation of person completing:

Date:

Trust Authorising Pharmacist

Name:

Date: