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N&WICS - TA415 - Certolizumab pegol monotherapy - Rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor

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. Certolizumab pegol, in combination with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot tolerate, other disease-modifying antirheumatic drugs (DMARDs) including at least 1 tumour necrosis factor-alpha (TNF-alpha) inhibitor, only if: <ul style="list-style-type: none"> disease activity is severe and rituximab is contraindicated or not tolerated and the company provides certolizumab pegol with the agreed patient access scheme. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Certolizumab pegol, as monotherapy, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot tolerate, other DMARDs including at least 1 TNF-alpha inhibitor, only if: <ul style="list-style-type: none"> disease activity is severe and rituximab therapy cannot be given because methotrexate is contraindicated or not tolerated and the company provides certolizumab pegol with the agreed patient access scheme. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Continue treatment only if there is at least a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months. After an initial response within 6 months, withdraw treatment if at least a moderate EULAR response is not maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the disease activity score and make any appropriate adjustments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. As per NICE guidance, treatment should normally be started with the least expensive drug (considering the dose required, price per dose and any additional administration costs).	
Please confirm that the choice of drug is considered the most cost-effective treatment for this individual	

patient, noting that alternative treatment options recommended by NICE may be lower in cost, including the use of biosimilar medications if applicable.

☐ Yes ☐ No

Where an alternative lower cost treatment is available and has not been tried by the patient, please confirm that the clinical rationale for prescribing has been included in the patients' medical record for the purpose of auditing.

I confirm that the patient meets the criteria for treatment

Name of person completing:

Contact Details:

Designation of person completing:

Date:

Trust Authorising Pharmacist

Name:

Date: