

continue their treatment until they and their NHS clinician consider it appropriate to stop.

[www.nice.org.uk/guidance/ta375](http://www.nice.org.uk/guidance/ta375)

► **Tocilizumab for the treatment of rheumatoid arthritis (February 2012) NICE TA247**

Tocilizumab (*RoActemra*®), in combination with methotrexate, is recommended as an option for the treatment of rheumatoid arthritis in adults if:

- the disease has responded inadequately to DMARDs and a TNF inhibitor and the patient cannot receive rituximab because of contra-indications or intolerance, **and** tocilizumab is used as described for TNF inhibitor treatments (specifically the recommendations on disease activity) in the NICE guidance Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor (August 2010), *or*

- the disease has responded inadequately to one or more TNF inhibitor treatments and to rituximab

• **and** the manufacturer provides tocilizumab with the discount agreed as part of the patient access scheme. Patients currently receiving tocilizumab for the treatment of rheumatoid arthritis who do not meet these criteria should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

[www.nice.org.uk/guidance/ta247](http://www.nice.org.uk/guidance/ta247)

► **Tocilizumab for treating giant cell arteritis (April 2018) NICE TA518**

Tocilizumab (*RoActemra*®), when used with a tapering course of glucocorticoids (and when used alone after glucocorticoids), is recommended as an option for treating giant cell arteritis in adults, only if:

- they have relapsing or refractory disease,
- they have not already had tocilizumab,
- tocilizumab is stopped after 1 year of uninterrupted treatment at most, **and**
- the manufacturer provides it with the discount agreed in the patient access scheme.

Patients whose treatment was started within the NHS before this guidance was published should have the option to continue treatment, without change to their funding arrangements, until they and their NHS clinician consider it appropriate to stop.

[www.nice.org.uk/guidance/ta518](http://www.nice.org.uk/guidance/ta518)

**Scottish Medicines Consortium (SMC) decisions**

SMC No. SMC2014

The *Scottish Medicines Consortium* has advised (September 2018) that tocilizumab (*RoActemra*®) is accepted for restricted use within NHS Scotland for the treatment of giant cell arteritis in adults, subject to a 12-month clinical stopping rule. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

**Solution for injection**

► **RoActemra** (Roche Products Ltd)

**Tocilizumab 180 mg per 1 ml** RoActemra 162mg/0.9ml solution for injection pre-filled syringes | 4 pre-filled disposable injection [POM] £913.12 DT = £913.12 (Hospital only)

RoActemra 162mg/0.9ml solution for injection pre-filled pens | 4 pre-filled disposable injection [POM] £913.12 DT = £913.12

**Solution for infusion**

ELECTROLYTES: May contain Sodium

► **RoActemra** (Roche Products Ltd)

**Tocilizumab 20 mg per 1 ml** RoActemra 400mg/20ml concentrate for solution for infusion vials | 1 vial [POM] £512.00 (Hospital only)

RoActemra 200mg/10ml concentrate for solution for infusion vials | 1 vial [POM] £256.00 (Hospital only)

RoActemra 80mg/4ml concentrate for solution for infusion vials | 1 vial [POM] £102.40 (Hospital only)

## Ustekinumab

11-Dec-2019

### • INDICATIONS AND DOSE

**Plaque psoriasis (specialist use only)**

► BY SUBCUTANEOUS INJECTION

- Adult (body-weight up to 100 kg): Initially 45 mg, then 45 mg after 4 weeks, then 45 mg every 12 weeks, consider discontinuation if no response within 28 weeks

- Adult (body-weight 100 kg and above): Initially 90 mg, then 90 mg after 4 weeks, then 90 mg every 12 weeks, consider discontinuation if no response within 28 weeks

**Psoriatic arthritis (specialist use only)**

► BY SUBCUTANEOUS INJECTION

- Adult: Initially 45 mg, then 45 mg after 4 weeks, then 45 mg every 12 weeks, consider discontinuation if no response within 28 weeks, higher doses of 90 mg may be used in patients with body-weight over 100 kg

**Crohn's disease (specialist use only) | Ulcerative colitis (specialist use only)**

► INITIALLY BY INTRAVENOUS INFUSION

- Adult (body-weight up to 56 kg): 260 mg, then (by subcutaneous injection) 90 mg after 8 weeks, then (by subcutaneous injection) 90 mg every 12 weeks, if response is inadequate 8 weeks after first subcutaneous dose, or response is lost, dosing frequency may be increased—consult product literature; consider discontinuation if no response within 16 weeks of initial dose or increase in dosing frequency

- Adult (body-weight 56–85 kg): 390 mg, then (by subcutaneous injection) 90 mg after 8 weeks, then (by subcutaneous injection) 90 mg every 12 weeks, if response is inadequate 8 weeks after first subcutaneous dose, or response is lost, dosing frequency may be increased—consult product literature; consider discontinuation if no response within 16 weeks of initial dose or increase in dosing frequency

- Adult (body-weight 86 kg and above): 520 mg, then (by subcutaneous injection) 90 mg after 8 weeks, then (by subcutaneous injection) 90 mg every 12 weeks, if response is inadequate 8 weeks after first subcutaneous dose, or response is lost, dosing frequency may be increased—consult product literature; consider discontinuation if no response within 16 weeks of initial dose or increase in dosing frequency

- **CONTRA-INDICATIONS** Active infection
- **CAUTIONS** Development of malignancy · elderly · history of malignancy · predisposition to infection · start appropriate treatment if widespread erythema and skin exfoliation develop, and stop ustekinumab treatment if exfoliative dermatitis suspected

**CAUTIONS, FURTHER INFORMATION**

- **Tuberculosis** Active tuberculosis should be treated with standard treatment for at least 2 months before starting ustekinumab. Patients who have previously received adequate treatment for tuberculosis can start ustekinumab but should be monitored every 3 months for possible recurrence. In patients without active tuberculosis but who were previously not treated adequately, chemoprophylaxis should ideally be completed before starting ustekinumab. In patients at high risk of tuberculosis who cannot be assessed by tuberculin skin test, chemoprophylaxis can be given concurrently with ustekinumab.

- **INTERACTIONS** → Appendix 1: monoclonal antibodies

• **SIDE-EFFECTS**

- **Common or very common** Arthralgia · asthenia · back pain · diarrhoea · dizziness · headache · increased risk of infection