Regional Medicines Optimisation Committee (RMOC) Advisory Statement

Sequential Use of Biologic Medicines

January 2020

Background

This advice focuses on situations in which a number of biological medicines are available for a therapeutic indication, each being supported by NICE Technology Appraisal Guidance. The individual therapies are therefore routinely commissioned by NHS England or Clinical Commissioning Groups.

The context is when commissioners and those consulted on clinical pathways have considered the appropriateness of limiting access to further NICE approved treatments where a significant number have been prescribed. In general, the therapies will have failed to halt disease progress, lost their effectiveness, or have not been tolerated, and this is particularly relevant to biological medicines.

Evidence in this area is very limited, which may result in a decision to not routinely commission further sequential therapy after a certain number of options have been prescribed.

Advice

Prescribing choices should be made on grounds of clinical and cost-effectiveness, and ensuring that the most appropriate and safe treatment option is selected through shared decision-making.

Where patients have received a number of the available NICE approved treatments, the advice received from the NHS England and NHS Improvement Governance and Legal Team is as follows:

> A policy adopted by a commissioner that would serve to limit patients' access to appropriate treatments based on a number of prior treatments being attempted would be counter to the provisions of the NHS Constitution.
>
> The NHS Constitution pledges that patients have the right to drugs and treatments that have been recommended by NICE subject to being clinically appropriate, and patients have the right to expect local decisions on the funding of drugs and treatments to be made rationally and following the proper consideration of evidence.
>
> Clinical assessment of the appropriateness of treatments should be the overriding factor rather than the implementation of policies for costs saving reasons.

When a treatment fails, guidance from specialist bodies suggests switching to a biologic with a new mechanism of action is more effective than switching within class, although it should be noted that this is based on low quality evidence.[1] The exception to this is secondary failure of anti-TNF treatment due to formation of anti-drug-antibodies, in which case switching within class may be a valid treatment option.[2]

In situations where the appropriateness of further treatment options is undecided, a peer multidisciplinary team discussion is likely to be helpful.

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Further development of the evidence base in this area and submission of data to specialty registries are encouraged.

Advice and action for commissioners and providers

Area Prescribing Committees (or equivalent) and commissioners are asked to take note of this advice when developing local policies.

1. Singh, J. A. *et al.* 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis: ACR RA Treatment Recommendations. *Arthritis Care Res.* 68, 1–25 (2016).
2. Lamb, C. A. *et al.* British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults. *Gut* 68, s1–s106 (2019).

Document control

Document location

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Revision History

Revision Date	Actioned by	Summary of changes	Version
September 2019	SB, SWMI	First Draft	0.1
October 2019	SB, SWMI	Updated to incorporate RMOC South comments	0.2
November 2019	SB, SWMI	Updated to incorporate national RMOC comments	0.3
January 2020	SWMI	Final version	1.0

Approvals

Name	Date of Approval	Version
RMOC South	October 2019	0.1
RMOC (national)	November 2019	0.2
NHS England	January 2020	1.0

Consultation

The production of this position statement involved consultation with RMOC members and Specialised Commissioning, NHS England.

Further information

If you have a Medicines Optimisation issue which is affecting current practice raise a topic

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