South East London Area Prescribing Committee
Formulary recommendation

Reference:	**100**
Intervention:	**Etoricoxib 60mg and 90mg tablets for the symptomatic relief of symptoms in adults with ankylosing spondylitis and rheumatoid arthritis** (Etoricoxib is an anti-inflammatory medicine)
Date of Decision:	**March 2019**
Date of Issue:	**April 2019**
Recommendation:	**Amber 1 – can be initiated in primary care on the recommendation of a rheumatology specialist**
Further Information	• Etoricoxib (60mg and 90mg) is accepted for use within its licence for the symptomatic relief of pain and inflammation associated with ankylosing spondylitis (AS) and rheumatoid arthritis (RA). • The use of etoricoxib is restricted to a **second line** option in patients with low cardiovascular risk after a standard non-selective, non-steroidal anti-inflammatory drug (NSAID; for example naproxen), has failed to achieve symptom relief. • In both AS and RA, the recommended dose of etoricoxib is 60mg once daily. In some patients with insufficient relief from symptoms, an increased dose of 90mg once daily may increase efficacy. • Once the patient is clinically stabilised, down-titration to a 60mg once daily dose may be appropriate and should be considered. • Doses greater than those recommended for each indication have either not demonstrated additional efficacy or have not been studied. Therefore the dose for AS and RA should **not** exceed 90 mg daily. • As the cardiovascular risks of etoricoxib may increase with dose and duration of exposure, the **shortest duration possible and the lowest effective daily dose should be used**. The patient's need for symptomatic relief and response to therapy should be re-evaluated periodically. • In relation to cardiovascular risk, it should be noted that etoricoxib is **contraindicated** in: - Congestive heart failure (NYHA II-IV). - Patients with hypertension whose blood pressure is persistently elevated above 140/90 mmHg and has not been adequately controlled. - Established ischaemic heart disease, peripheral arterial disease, and/or cerebrovascular disease. The above is not exhaustive, please refer to the Summary of Product Characteristics (SPC) for etoricoxib for a full list of contraindications and cautions. • The rheumatology specialist should ensure that any risks have been considered prior to requesting prescribing in primary care. • Patients with significant risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus, smoking) should only be treated with etoricoxib after careful consideration.
Shared Care/ Transfer of care required:	N/A
Cost Impact for agreed patient group	• Owing to relatively similar treatment costs compared to other NSAIDs, and the fact that there also appears to be some historic use of etoricoxib, no significant budget impact is anticipated. • Availability of an additional NSAID option may reduce or delay the need for more intensive treatments, such as DMARDs in RA or biologic DMARDs in AS, therefore reducing overall drug expenditure for these conditions.

Usage Monitoring & Impact Assessment	**Acute Trusts:** • Monitor use and submit data on etoricoxib use upon request. • Audit upon request to ensure use is in line with this recommendation.
	CCGs: • Monitor ePACT data. • Exception reports from GPs if inappropriate prescribing requests are made to primary care.
Evidence reviewed	**References (from evidence evaluation)**

1. Aletaha D, Smolen J. Diagnosis and Management of Rheumatoid Arthritis. A review. JAMA 2018 320 (13) p1360-1372
2. Rheumatoid arthritis in adults: management (NG100). NICE 2018.
3. Garcia-Montoya L, Gul H, Emery P. Recent advances in AS: understanding the disease and management. F1000Research 2018, 7(F1000 Faculty Rev):1512 Last updated: 21 SEP 2018
4. Spondyloarthritis in over 16s: diagnosis and management (NG65). NICE 2017.
5. Taurog J, Chhabra A, Colbert R. AS and Axial Spondyloarthritis. NEJM 2016 374; 26 p2563-2574.
6. Arcoxia. Summary of Product Characteristics. Available online here: (accessed 19.02.2018)
7. Conaghan P. A turbulent decade for NSAIDs: update on current concepts of classification, epidemiology, comparative efficacy and toxicity. Rheumatology International 2012 (32) p1491-1502
8. Collantes E, Curtis S, Lee K et al. A multinational randomized controlled, clinical trial of etoricoxib in the treatment of rheumatoid arthritis. BMC Family Practice 2002 3 (10)
9. Matsumoto A, Melian A, Mandel D et al. A randomized, controlled, clinical trial of etoricoxib in the treatment of rheumatoid arthritis. The Journal of Rheumatology 2002, 29 (8) 1623-1630.
10. Matsumoto A, Melian A, Shah A et al. Etoricoxib versus naproxen in patients with rheumatoid arthritis: a prospective, randomized, comparator-controlled 121-week trial. Current Medical Research and Opinion Volume 23, 2007 - Issue 9
11. Van der Heijde D, Baraf H, Ramos-Remus C et al. Evaluation of the efficacy of etoricoxib in ankylosing spondylitis. Results of a fifty-two-week randomized controlled study. Arthritis and Rheumatism 2005 52 (4) p1205-1215.
12. Wang R, Dasgupta A, Ward M et al. Comparative efficacy of NSAIDs in ankylosing spondylitis: a Bayesian network meta-analysis of clinical trials. Annals of the Rheumatic Diseases 2016 75 (6) p1152-1160.
13. Da Costa B, Reichenbach S, Keller N et al. Effectiveness of non-steroidal anti-inflammatory drugs for the treatment of pain in knee and hip osteoarthritis: a network meta-analysis. Lancet 2017 390 pe21-e33.
14. Schmacher H, Bioce J, Daikh D et al. Randomised double blind trial of etoricoxib and indomethacin in treatment of acute gouty arthritis. British Medical Journal 2002 324 p1488-1492.
15. Rubin B, Burton R, Navarra S et al. Efficacy and safety profile of treatment with etoricoxib 120 mg once daily compared with indomethacin 50 mg three times daily in acute gout. Arthritis and Rheumatism 2004 50 (2) p598-606
16. Zhang S, Zhang Y, Liu P et al. Efficacy and safety of etoricoxib compared with NSAIDs in acute gout: a systematic review and a meta-analysis. Clinical Rheumatology 2016 35 p151-158.
17. The 2007 Oxford league table of analgesic efficacy. Available online here (accessed 20/02/2019)
18. Rostom A, Muir K, Dube C et al. Gastrointestinal safety of cyclooxygenase-2 inhibitors: A Cochrane Collaboration Systematic Review. Clinical Gastroenterology and Hepatology 2007 5 p818-828.
19. Laine L, Curtis S, Cryer B et al. Assessment of upper gastrointestinal safety of etoricoxib and diclofenac in patients with osteoarthritis and rheumatoid arthritis in the Multinational Etoricoxib and Diclofenac Arthritis Long-term (MEDAL) programme: a randomised comparison. Lancet 2007 369 p465-473.
20. Hunt R, Harper S, Watson D et al. The Gastrointestinal Safety of the COX-2 Selective Inhibitor Etoricoxib Assessed by Both Endoscopy and Analysis of Upper Gastrointestinal Events. The American Journal of Gastroenterology 2003 98 (8) p1725-1733.
21. Feng X, Tian M, Zhang W et al. Gastrointestinal safety of etoricoxib in osteoarthritis and rheumatoid arthritis: A meta-analysis. PLOS One 2018 13 (1) e0190798.
22. Curtis S, Ko A, Bolognese J et al. Pooled analysis of thrombotic cardiovascular events in clinical trials of the COX-2 selective inhibitor etoricoxib. Current Medical Research and Opinion 2006 22 (12) p2365-2374.
23. Cannon C et al. Cardiovascular outcomes with etoricoxib and diclofenac in patients with osteoarthritis and rheumatoid arthritis in the Multinational Etoricoxib and Diclofenac Arthritis Long-term (MEDAL) programme: a randomised comparison. Lancet 2006 368 p1771-1781.
24. Trelle S, Reichenbach S, Wandel S et al. Cardiovascular safety of NSAIDs: a network meta-analysis. BMJ 2011 342 c7086
25. Diclofenac: new contraindications and warnings. MHRA December 2014. Available online here (accessed 28/02/2019).
26. Coxib and traditional NSAID Trialists' (CNT) Collaboration. Vascular and upper gastrointestinal effects of non-steroidal anti-inflammatory drugs: meta-analyses of individual participant data from randomised trials. Lancet 2013 382, p769-779.
27. Celebrex. Summary of product characteristics. Available online here (accessed 28/02/2019).
28. Diclofenac. Summary of product characteristics. Available online here (accessed 28/02/2019).
29. Naproxen. Summary of product characteristics. Available online here (accessed 28/02/2019).
30. Ibuprofen. Summary of product characteristics. Available online here (accessed 28/02/2019).

NOTES:

a) Area Prescribing Committee recommendations and minutes are available publicly on the APC website.

b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**