**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)
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

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.