POSITION STATEMENT FOR BIOLOGIC AGENTS FOR TREATING JUVENILE IDIOPATHIC ARTHRITIS (JIA) IN ADULT PATIENTS



These medicines are classified as RED for this indication

The treatment with Tocilizumab, Etanercept, Abatacept or Adalimumab for adult patients with JIA is recommended in Lancashire in the following circumstances:

- Young people with JIA currently being treated with one of the agents and transferring over from adolescent to adult services and are benefiting from a clinically effective response
- Patients with JIA whose disease becomes active during adult life and they require a biologic agent for the first time
- Patients with JIA requiring a biologic agent to be reinstated (e.g. after a period of remission or pregnancy)

In the above circumstances treatment is only recommended if the following criteria are met:

- 1. Treatment was in line with NICE TA238 or TA373 before transfer to adult services OR is in line with NICE TA238 or TA373 (with the exception of any age restrictions) for newly treated patients. For continuation into adulthood, if treatment was not in line with a NICE TA, the patient may continue to receive treatment until the prescribing clinician feels this may be stopped.
- 2. In the case of tocilizumab and abatacept treatment cost are provided under the patient access scheme agreed with the manufacturer.

Treatment with Infliximab for adults with JIA is recommended ONLY in the following circumstances in Lancashire:

 Young people with JIA currently being treated with one of the agents and transferring over from adolescent to adult services and are benefiting from a clinically effective response

Adults with JIA must not be inappropriately re-categorised as having rheumatoid arthritis, ankylosing spondylitis or another condition.

Overview

- 1. Abatacept, adalimumab, etanercept and tocilizumab are recommended as options for **Polyarticular**
 - For abatacept, patients aged 6 years and older whose condition has responded inadequately to other DMARDs including at least 1 TNF inhibitor. (NICE TA373)
 - For adalimumab, patients aged 2 years and older whose condition has responded inadequately to 1 or more DMARD. (NICE TA373)
 - For etanercept, patients aged 2 years and older whose condition has responded inadequately to, or who are intolerant of, methotrexate (NICE TA373)
 - For tocilizumab, patients aged 2 years and older whose condition has responded inadequately to previous therapy with methotrexate (NICE TA373)
- 2. Adalimumab and etanercept are recommended as options for treating Enthesitis-related JIA
 - For people 6 years and older (adalimumab) and 12 years and older (etanercept) whose condition has responded inadequately to, or who are intolerant of conventional therapy. (NICE TA373)
- 3. Etanercept is recommended as an option for treating Psoriatic JIA
 - For people aged 12 years and over whose disease has responded inadequately to, or who are intolerant of, methotrexate. (NICE TA373)
- 4. Tocilizumab is recommended for treatment of Systemic JIA
 - For children and young people aged 2 years and older whose disease has responded inadequately
 to non-steroidal anti-inflammatory drugs (NSAIDs), systemic corticosteroids and methotrexate if
 the manufacturer makes tocilizumab available with the discount agreed as part of the patient
 access scheme. (NICE TA238).

References

- 1. NICE TA 373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis
- 2. NICE TA 238 Tocilizumab for the treatment of systemic juvenile idiopathic arthritis
- 3. BSPAR/BSR Position Statement on prescribing of biological therapies in adults with JIA, accessed at:

http://www.rheumatology.org.uk/includes/documents/cm_docs/2011/c/consensus_statement_biologics in adults with jia bspar 20 june 2011.pdf

Please access this guidance via the LMMG website to ensure that the correct version is in use.

Version Control

Version Number	Date	Amendments Made	Author
Version 1.0	June 2015	Approved	Julie Lonsdale
Version 2.0	February 2016	Updated with NICE TA 373	Susan McKernan

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