Biologic agents in management of Juvenile Idiopathic Arthritis

The Pan Mersey Area Prescribing Committee recommends the prescribing of biologic agents, by specialists only, for Juvenile Idiopathic Arthritis (JIA) as per NICE TA373 and TA238 in adult and paediatric services.

NICE TA373 recommends **abatacept, adalimumab, etanercept** and **tocilizumab**, within their marketing authorisations, as options for treating polyarticular juvenile idiopathic arthritis (JIA), including polyarticular-onset, polyarticular-course and extended oligoarticular JIA. That is:
- For **abatacept**, people 6 years and older whose disease has responded inadequately to other disease-modifying anti-rheumatic drugs (DMARDs) including at least 1 tumour necrosis factor (TNF) inhibitor
- For **adalimumab**, people 2 years and older whose disease has responded inadequately to 1 or more DMARD
- For **etanercept**, people 2 years and older whose disease has responded inadequately to, or who are intolerant of, methotrexate
- For **tocilizumab**, people 2 years and older whose disease has responded inadequately to previous therapy with methotrexate.

**Abatacept and tocilizumab** are recommended only if the companies provide them with the discounts agreed in the patient access schemes for these technologies.

**Adalimumab and etanercept** are recommended, within their marketing authorisations, as options for treating enthesitis-related JIA, that is, for people 6 years and older (adalimumab) and 12 years and older (etanercept) whose disease has responded inadequately to, or who are intolerant of, conventional therapy.

**Etanercept** is recommended, within its marketing authorisation, as an option for treating psoriatic JIA, that is, in people aged 12 years and over whose disease has responded inadequately to, or who are intolerant of, methotrexate.

NICE TA238 recommends **tocilizumab** for the treatment of systemic JIA in 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.

Biologic treatments for JIA in paediatric patients are commissioned by NHS England, however, biologic treatments for JIA in adult patients are commissioned by CCGs in the following circumstances:
- Where the patient transitions into adult services while on biologic treatment for JIA
- Where the patient transitions into adult services with a pre-existing diagnosis of JIA and treatment with a biologic becomes necessary according to the above criteria
- Where a patient first receives a diagnosis of JIA in adult rheumatology service and treatment with a biologic becomes necessary according to the above criteria.

NICE TA373 states it is unlikely that the guidance will result in a significant change in resource use in the NHS because it is considered that the recommendations are consistent with current clinical practice therefore no costing template has been produced. Prevalence of JIA is approximately 16 per 100,000 population.

**References**
1. NICE TA373. Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis. 16 Dec 2015
2. NICE TA238. Tocilizumab for the treatment of systemic juvenile idiopathic arthritis. 14 Dec 2011

**Note**: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.