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, Adalimumab, Anakinra or Tofacitinib for adult patients with JIA is recommended in Lancashire and South Cumbria 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 TAs for JIA (see below) before transfer to adult services OR is in line with the relevant NICE TAs (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.
2. In the case of tocilizumab, abatacept and tofacitinib 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 and South Cumbria:

- 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 JIA:**
- 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).

5. Tofacitinib is recommended for treatment of active **Polyarticular JIA** (JIA; rheumatoid factor positive or negative polyarthritis and extended oligoarthritis), and **Juvenile psoriatic arthritis**

- For children and young people aged 2 years and older if their condition has responded inadequately to previous treatment with disease-modifying antirheumatic drugs (DMARDs) and only if a tumour necrosis factor (TNF)-alpha inhibitor is not suitable or does not control the condition well enough, and the company provides tofacitinib according to the commercial arrangement. (NICE TA735)

6. Anakinra is recommended as an option for treating **Systemic JIA** with moderate to high disease activity, or continued disease activity after non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids
    - In people 8 months and older with a body weight of 10 kg or more that has not responded to at least 1 conventional DMARD (NICE TA685)

References

1. NICE TA373 Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis https://www.nice.org.uk/guidance/ta373
2. NICE TA238 Tocilizumab for the treatment of systemic juvenile idiopathic arthritis
3. NICE TA735 Tofacitinib for treating juvenile idiopathic arthritis https://www.nice.org.uk/guidance/ta735
4. NICE TA685 Anakinra for treating Still's disease https://www.nice.org.uk/guidance/ta685
5. NHSE Clinical Commissioning Policy Statement: Biologic Therapies for the treatment of Juvenile Idiopathic Arthritis (JIA) https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/e03pd-bio-therapies-jia-oct15.pdf

Please access this guidance via the Lancashire and South Cumbria ICB Formulary 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
Version 3.0	March 2025	Updated with NICE TA685 and TA735. BSPAR/BSR Position Statement on prescribing of biological therapies in adults with JIA removed.	Rheumatology Alliance