RHEUMATOID ARTHRITIS DRUGS

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA	STANDARD APPROVAL DURATION
Adalimumab	Humira	40 mg/0.8mL prefilled syringe and 40 mg/0.8mL prefilled pen for subcutaneous injection	**For the treatment of rheumatoid arthritis** in patients who have: • Severe active disease (≥ 5 swollen joints and rheumatoid factor positive and/or radiographic evidence of rheumatoid arthritis) despite the optimal use of various formulary disease-modifying anti-rheumatic drugs (DMARDs)*. *Optimal use of DMARDs include: • Methotrexate (20 mg/week) for at least 3 months and leflunomide (20 mg/day) for at least 3 months in addition to an adequate trial (3 months) of at least one combination of DMARDs; or • Methotrexate (20 mg/week) for at least 3 months and leflunomide in combination with methotrexate for at least 3 months. • If the patient could not receive adequate trial(s) of methotrexate and/or leflunomide due to contraindication(s) or intolerance(s), the nature of contraindication(s) or intolerance(s) must be provided along with details of trials of other DMARDs or clear rationale why other DMARDs cannot be considered. **Renewal** will be considered for patients with objective evidence of at least a 20% reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year. For renewals beyond the second year, objective evidence of preservation of treatment effect must be provided. The planned dosing regimen for the requested biologic should be provided. The recommended doses for the treatment of rheumatoid arthritis are as follows: o Adalimumab 40mg every two weeks o Anakinra 100mg per day o Certolizumab pegol 400mg at 0, 2 and 4 weeks followed by maintenance therapy of 200 mg every 2 weeks. For maintenance dosing, 400mg every 4 weeks may be considered o Etanercept 25mg twice weekly or 50mg once weekly o Golimumab 50mg once a month o Infliximab 3mg/kg/dose at 0, 2 and 6 weeks followed by maintenance therapy of 3mg/kg/dose every 8 weeks up to a maximum of six maintenance doses per year	Initial: 1 year First renewal: 1 year Second and subsequent renewals: 2 years
Anakinra	Kineret	150 mg/mL subcutaneous injection		
Certolizumab pegol	Cimzia	200 mg/mL prefilled syringe		
Etanercept	Enbrel	25 mg/vial and 50mg prefilled syringe for subcutaneous injection		
Golimumab	Simponi	50 mg/0.5 mL prefilled syringe and autoinjector		
Infliximab	Remicade	100 mg/10 mL intravenous infusion		

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA	STANDARD APPROVAL DURATION
Rituximab	Rituxan	10 mg/mL intravenous injection	**First course of Rituxan for the treatment of rheumatoid arthritis** in adult patients with: • Severe active disease (≥ 5 swollen joints and rheumatoid factor positive and/or radiographic evidence of rheumatoid arthritis); **AND** • Failure to respond to optimal use of DMARDs or documented intolerance or contraindications to DMARDs (per current EAP reimbursement criteria for anti-TNF agents); **AND** • Failure to respond to, OR the patient has intolerance or contraindications to, an adequate trial of at least ONE anti-TNF agent (e.g., adalimumab, etanercept, infliximab, golimumab, certolizumab pegol) Initial approval: One year: One course of treatment is 1000 mg followed two weeks later by the second 1000mg dose. Two courses will be approved each year (courses should be at least 6 months apart with second course being given only AFTER loss of effect as noted in the re-treatment guidelines below). Second course is not approved for "maintenance" therapy. **Renewal criteria**: A joint count at 3-4 months indicating at least a 20% reduction in swollen joint count and a minimum of improvement in 2 swollen joints, should be recorded to indicate a response, and then re-treatment can be given after an interval of at least 6 months AND after a loss of effect. Details of all courses given and the subsequent response should be provided in the renewal request. Renewal approval: 1 year (2 courses). One course of treatment is 1000 mg followed two weeks later by the second 1000mg dose. Repeated courses are not approved for maintenance therapy. Note: Rituximab should not be used concomitantly with other anti-TNF agents. For more information, please go to: http://www.health.gov.on.ca/english/providers/program/drugs/ced/pdf/rituxan.pdf	Initial: 1 year (2 courses given at least 6 months apart with initiation of 2nd course only after loss of effect) Renewal: 1 year (2 courses given at least 6 months apart with initiation of 2nd course only after loss of effect)

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<tr><th>DRUG NAME</th><th>BRANDS REIMBURSED</th><th>DOSAGE FORM/ STRENGTH</th><th>REIMBURSEMENT CRITERIA</th><th>STANDARD APPROVAL DURATION</th></tr>
<tr><td>Abatacept</td><td>Orencia</td><td>250 mg/15 mL intravenous injection</td><td>For the treatment of adult patients with severe active rheumatoid arthritis who may benefit from the administration of Orencia and who meet the following criteria:

The Patient has severe active disease as demonstrated by;
a) ≥ 5 swollen joints; AND
b) rheumatoid factor positive; AND/OR
c) having radiographic evidence of rheumatoid arthritis

despite the optimal* use of various disease-modifying anti-rheumatic drugs (“DMARDs”).

*For the purpose of the criteria, the <u>optimal use of DMARDs</u> is defined as;

i) use of methotrexate (dosed at 20 mg per week) for at least 3 months and use of leflunomide (dosed at 20 mg per day) for at least 3 months in addition to an adequate trial (3 months) of at least one combination of DMARDs; OR

ii) use of methotrexate (dosed at 20 mg per week) for at least 3 months and leflunomide in combination with methotrexate for at least 3 months.

Additional notes:
If the patient cannot be treated with adequate trial(s) of methotrexate and/ or leflunomide due to contraindication(s) or intolerance(s), the nature of the contraindication(s) or intolerance(s) must be provided along with details of trials of other DMARDs or clear rationale why other DMARDs cannot be considered.

For patients who have failed treatment with an anti-TNF therapy due to lack of efficacy or toxicity, prescribers should consider use of a biologic with a different mechanism of action.

<u>Approved Dosing</u>:
The initial dose is administered at 0, 2, and 4 weeks then every 4 weeks thereafter. Note that funding for higher doses will not be considered.

<table><tr><td>Body weight of patient</td><td>Dose</td></tr><tr><td>< 60 kg</td><td>500 mg</td></tr><tr><td>60-100 kg</td><td>750 mg</td></tr><tr><td>>100 kg</td><td>1 gram</td></tr></table></td><td>Initial: 1 year</td></tr>
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			Renewals will be considered in patients with objective evidence of at least a twenty percent (20%) reduction in swollen joint count and a minimum of improvement in two (2) swollen joints over the previous year. For renewals beyond the second year, objective evidence of the preservation of treatment effect must be provided by the requesting physician. For more information, please go to: http://www.health.gov.on.ca/english/providers/program/drugs/ced/pdf/orencia.pdf	First renewal: 1 year Second and subsequent renewals: 2 years
Tocilizumab	Actemra	80 mg / 4 mL 200 mg / 10 mL 400 mg/ 20 mL	**For the treatment of rheumatoid arthritis** in adult patients with: • Severe active disease (≥ 5 swollen joints and rheumatoid factor positive and/or radiographic evidence of rheumatoid arthritis); **AND** • Failure to respond to optimal use of DMARDs or documented intolerance or contraindication to DMARDs (per current EAP reimbursement criteria for anti-TNF agents); **AND** • Failure to respond to, OR the patient is intolerant to an adequate trial of at least ONE anti-TNF agent (e.g., adalimumab, etanercept, infliximab, golimumab, certolizumab pegol) • *Optimal use of DMARDs include: • Methotrexate (20 mg/week) for at least 3 months and leflunomide (20 mg/day) for at least 3 months in addition to an adequate trial (3 months) of at least one combination of DMARDs; or • Methotrexate (20 mg/week) for at least 3 months and leflunomide in combination with methotrexate for at least 3 months. • If the patient could not receive adequate trial(s) of methotrexate and/or leflunomide due to contraindication(s) or intolerance(s), the nature of contraindication(s) or intolerance(s) must be provided along with details of trials of other DMARDs or clear rationale why other DMARDs cannot be considered. The requesting physician is required to provide the planned dosing regimen on the request. The following is the recommended dose for tocilizumab (Actemra) for rheumatoid	Initial: 1 year

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			arthritis: 4 mg/kg/dose once every 4 weeks followed by an increase to 8 mg/kg/dose based on clinical response. For individuals whose body weight is more than 100kg, doses exceeding 800mg per infusion are not recommended. Note that doses greater than 8 mg/kg will not be approved. **Renewal** will be considered for patients with objective evidence of at least a 20% reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year. For renewals beyond the second year, objective evidence of preservation of treatment effect must be provided.	Renewal: 1 year