POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA	STANDARD APPROVAL DURATION
Abatacept	Orencia	250 mg/ 15 mL vial	**For the treatment of polyarticular-course juvenile idiopathic arthritis in patients meeting the following criteria**; • Patient has active disease (a minimum of 3 (three) swollen joints and a total of 5 active joints); AND • Patient has had an inadequate response to a three month course of methotrexate administered subcutaneously at a dosage of at least 15 mg/m^2 per week for at least 3 months. If the patient is unable to tolerate or has a contraindication to subcutaneous methotrexate the nature of the intolerance or contraindication must be described in detail.; AND • Patient has had an inadequate response to a three month course of etanercept (Enbrel) OR adalimumab (Humira) OR tociluzumab (Actemra). If the patient is unable to tolerate or has a contraindication to etanercept OR adalimumab OR tociluzumab (Actemra), the nature of the intolerance or contraindication must be described in detail. **Renewals** will be considered for patients with objective evidence of at least a 20% reduction in swollen joint count. For renewals beyond the second year, objective evidence of preservation of treatment effect should be provided. (i.e. the current joint count should be compared to the count prior to initiating treatment with the biologic agent)	Initial: 1 year Renewal: 1 year

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA	STANDARD APPROVAL DURATION
Etanercept	Enbrel	25 mg/vial, 50 mg prefilled syringe for subcutaneous injection	**For the first-line treatment of polyarticular-course juvenile idiopathic arthritis in patients** meeting the following criteria: • Patient has active disease (≥ 3 swollen joints and ≥ 5 active joints) despite a trial of optimal dose of subcutaneously administered methotrexate (i.e. 15 mg/m^2 per week) for at least 3 months. If the patient is unable to tolerate or has a contraindication to subcutaneous methotrexate, the nature of the intolerance or contraindication must be described in detail. **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. Dosing for Etanercept (Enbrel): The planned dosing regimen should be provided. The maximum recommended dose is 50mg once weekly. Recommended Dosing for Adalimumab (Humira): a) 24 mg/m^2 (maximum 40 mg) every two weeks; OR b) 20 mg every 2 weeks, if the Patient weighs less than 30 kg; OR c) 40 mg every 2 weeks, if the Patient weighs more than 30 kg. Recommended dosing for tocilizumab (Actemra): (a) 10 mg/kg every 4 weeks, if the Patient weighs less than 30kg; OR (b) 8 mg/kg every 4 weeks, if the Patient weighs more than or equal to 30kg.	Initial: 1 year Renewal: 1 year
Adalimumab	Humira	40 mg/0.8mL prefilled syringe and 40 mg/0.8mL prefilled pen for subcutaneous injection		
Tociluzumab	Actemra	80 mg / 4 mL Vial 200 mg / 10 mL Vial 400 mg/ 20 mL Vial		

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA	STANDARD APPROVAL DURATION
Infliximab	Remicade	100 mg/vial	**For the treatment of polyarticular-course juvenile idiopathic arthritis in patients meeting the following criteria**; • Patient has active disease (a minimum of 3 (three) swollen joints and a total of 5 active joints); AND • Patient has had an inadequate response to a three month course of methotrexate administered subcutaneously at a dosage of at least 15 mg/m^2 per week for at least 3 months. If the patient is unable to tolerate or has a contraindication to subcutaneous methotrexate the nature of the intolerance or contraindication must be described in detail.; AND • Patient has had an inadequate response to a three month course of etanercept (Enbrel) OR adalimumab (Humira). If the patient is unable to tolerate or has a contraindication to etanercept OR adalimumab, the nature of the intolerance or contraindication must be described in detail. <u>Infliximab dosing</u>: Up to 6 mg/kg/dose at weeks 0, 2, and 6, followed by maintenance of up to 6 mg/kg/dose every 8 weeks. **<u>Renewals</u>** will be considered for patients with objective evidence of at least a 20% reduction in swollen joint count. For renewals beyond the second year, objective evidence of preservation of treatment effect should be provided (i.e the current joint count should be compared to the count prior to initiating treatment with the biologic agent). **Initial and Renewal requests that do not meet the stated criteria will undergo external review.**w.	Initial: 1 year Renewal: 1 year