

EAP Renewals (As shared by the MOH Feb 17, 2017)

Indication	Duration of Approvals		
	Initial request	First Renewal	Second and Subsequent Renewals
<b>Rheumatoid Arthritis</b> <ul style="list-style-type: none"> <li>• Tocilizumab</li> <li>• Certolizumab</li> <li>• Etanercept</li> <li>• Adalimumab</li> <li>• Anakinra</li> <li>• Abatacept</li> <li>• Golimumab</li> <li>• Remicade (renewals only)</li> </ul>	1 year	5 years	5 years
<b>Ankylosing Spondylitis</b> <ul style="list-style-type: none"> <li>• Etanercept</li> <li>• Adalimumab</li> <li>• Golimumab</li> <li>• Remicade (renewals only)</li> </ul>	1 year	1 year	5 years
<b>Psoriatic Arthritis</b> <ul style="list-style-type: none"> <li>• Etanercept</li> <li>• Adalimumab</li> <li>• Golimumab</li> <li>• Certolizumab</li> </ul>	1 year	1 year	5 years
<b>Polyarticular juvenile idiopathic arthritis (pJIA)</b> <ul style="list-style-type: none"> <li>• Etanercept</li> <li>• Tocilizumab</li> <li>• Adalimumab (&gt;=10 yrs)</li> <li>• Remicade</li> <li>• Abatacept</li> </ul>	1 year	1 year	1 year
<b>Systemic Juvenile Idiopathic arthritis (sJIA)</b> <ul style="list-style-type: none"> <li>• Tocilizumab</li> <li>• Anakinra</li> </ul>	1 year	1 year	1 year
	1 year	1 year	1 year

<b>Juvenile spondyloarthritis (JSpA) or enthesitis-related arthritis (ERA)</b> <ul style="list-style-type: none"> <li>• etanercept</li> <li>• Remicade</li> </ul>			
Uloric (febuxostat)	1 year	5 years	5 years
<b>Non-Infectious Ocular inflammatory Disease/Uveitis</b>	1 year	2 years	2 years
<b>Rituximab (Rituxan)</b> <b>**Note Rituxan is not funded for use in maintenance setting for any funded condition.**</b> <u>Re-treatment:</u> <ul style="list-style-type: none"> <li>• Two courses will be approved each year</li> <li>• Courses should be at least 6 months apart with 2nd course given only as re-treatment after loss of effect</li> </ul>	1 year	1 year	2 years <i>(The duration of renewal funding is to enable access at point of flare and is not intended for funding as maintenance therapy.)</i>