

South East Regional Medicines Optimisation Group (SERMOG) policy recommendation

Title:	High-cost drugs for adults with juvenile idiopathic arthritis (JIA)
Number:	SERMOG-05
Category:	Eligibility criteria apply
Date determined by SERMOG:	November 2024

Policy recommendation:
<p>The South East Regional Medicines Optimisation Group (SERMOG) considered national guidance, baseline position, equality and equity issues, and the potential impact of a new policy.</p> <p>All decisions were made with reference to the South East Region Policy Recommendation Committees’ Ethical Framework. Taking these into account, the SERMOG recommends:</p> <ul style="list-style-type: none"> • NHS England is responsible for commissioning high-cost drugs for the treatment of children with JIA and adult-onset Still’s disease. • High-cost drugs are commissioned for JIA in adults in the following circumstances only: <ul style="list-style-type: none"> ○ Where the patient transitions into adult services while on high-cost drug treatment for JIA, used according to the NHS England clinical commissioning policy statement on biologic therapies for the treatment of JIA, or ○ Where the patient transitions into adult services with a pre-existing diagnosis of JIA and treatment with a biologic becomes necessary (either for the first time or to have treatment reinstated, for example following a period of remission or pregnancy), used according to NICE TA criteria (i.e., NICE TA373 on abatacept, adalimumab, etanercept and tocilizumab and TA735 on tofacitinib). <ul style="list-style-type: none"> ▪ When more than 1 technology is suitable (taking into account extra-articular manifestations) treatment should be started with the least expensive technology, taking into account administration costs, the dose/ dosing schedule and the product cost per dose. • Switching: An alternative high-cost drug may be used in case of primary or secondary failure of efficacy or if adverse effects, but only in line with NICE TA guidance. Where secondary failure of efficacy or adverse events may be a class effect, another drug from an alternative drug class should be used.

Version control:
Final Version 1.0 – Circulated to ICBs for ratification on 12 December 2024.
Notes:
<p>This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.</p> <p>South East region ICBs will always consider appropriate individual funding requests (IFRs) through their IFR processes.</p>