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Clinical Expert Summary
Tocilizumab (RoActemra®) 20 mg/ml concentrate for solution for infusion

Tocilizumab (RoActemra®), in combination with methotrexate (MTX), for the treatment of juvenile idiopathic polyarthritis (rheumatoid factor positive or negative and extended oligoarthritis) in patients 2 years of age and older, who have responded inadequately to previous therapy with MTX. Tocilizumab can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate.

1. Existing guidelines

National Institute for Health and Care Excellence (NICE) guidelines on biologic drugs for the treatment of juvenile idiopathic arthritis and British Society for Paediatric and Adolescent Rheumatology (BSPAR) Standards of Care for Children and young people with juvenile idiopathic arthritis were identified[1,2].

2. Disease prevalence/incidence

One expert stated an incidence of 4-8 patients per year with a prevalence of approximately 40 patients with polyarthritis within their catchment area, which covers the South Wales population. Other experts stated between 0-15 patients per year would be eligible to receive treatment within their catchment area.

3. Current treatment options

Experts noted etanercept as their first choice biologic for children with polyarthritis. Another expert noted that intravenous abatacept or intravenous tocilizumab was given in those children who had failed anti-tumour necrosis factor (anti-TNF) treatments, with tocilizumab being their treatment of choice. This expert expressed tocilizumab as their preferred option as there is more experience and familiarity with this treatment, and they were of the opinion that there was a higher response rate and faster onset of action with tocilizumab.

4. Unmet needs

One expert reported that there was no clear clinical network within Wales for the management of JIA. Another expert stated that a small proportion of children with polyarticular juvenile idiopathic arthritis do not respond to disease-modifying antirheumatic drugs (DMARDS) or anti-TNF treatments. Tocilizumab would be appropriate in such children with severe unresponsive disease.

5. Knowledge of product in given indication

It was stated that use of this product would be guided by a tertiary centre. One expert expressed a preference for tocilizumab in children with severe unresponsive disease who had failed DMARD or anti-TNF treatments. Abatacept would be used after failure with tocilizumab in a child with juvenile polyarthritis unless there were clinical reasons not to use tocilizumab such as intolerance or high risk of infection, as abatacept is associated with a lower risk of infection.

It should be noted that one expert involved in compiling this response declared a personal specific interest in relation to tocilizumab for the indication under consideration.

REFERENCES

1 National Institute for Health and Clinical Excellence. Clinical guideline: Biologic drugs for the treatment of juvenile idiopathic arthritis. National Institute for Health and Clinical Excellence; Feb 2012. Available at: http://www.nice.org.uk/media/773/9E/JIA8WithTocilizumab.pdf. Accessed Dec 2013.

2 BSPAR Clinical Affairs Subcomittee. British Society for Paediatric and Adolescent Rheumatology (BSPAR). Standards of Care for Children and young people with juvenile idiopathic arthritis. Jan 2012. Available at: https://www.bspar.org.uk/DocStore/FileLibrary/PDFs/BSPAR%20Standards%20of%20Care%20for%20Juvenile%20Idiopathic%20Arthritis.pdf. Accessed Dec 2013.