

Treatment Appraisal: Decision Summary

Date	13 th July 2010
Appraisal	Tocilizumab (RoActemra®▼) for juvenile idiopathic arthritis (JIA)
Details	NETAG was requested by a member organisation to conduct an appraisal of and issue a recommendation for the use of tocilizumab (RoActemra®▼) for JIA. The proposed indications are as an alternative to off-license use of anakinra in patients with systemic onset (SoJIA) disease and as a subsequent treatment option for patients with polyarticular disease. In both cases the only alternative treatment option is considered to be a stem cell transplant. Tocilizumab is not currently licensed for JIA.
Recommendation	<p>Tocilizumab (RoActemra®▼) for systemic-onset juvenile idiopathic arthritis for patients who have already received treatment with etanercept and adalimumab is recommended as an alternative treatment to anakinra for use within NHS North East.</p> <p>Tocilizumab (RoActemra®▼) for polyarticular juvenile idiopathic arthritis is not recommended for use within NHS North East.</p> <p>Patients should preferentially be referred for treatment as part of an approved clinical study.</p> <p>Individual patients in exceptional circumstances may be suitable for treatment. Such cases must be referred via local individual funding request mechanisms.</p>
Clinical evidence summary	The group noted uncertainty regarding whether treatment would prevent or delay subsequent treatment with stem cell transplant for the identified patient group. The group considered evidence relating to each form of JIA separately and decided that evidence relating to SoJIA was more substantial and robust than evidence relating to polyarticular JIA, which was considered to be weak. In addition, evidence for tocilizumab for SoJIA was considered in the context as an alternative to anakinra.
Cost analysis summary	The majority of the cost of tocilizumab in JIA originates from provision of hospital care and not from drug costs. Drug costs are dependent on patient mass. Total costs are estimated at between £13,000 and £18,500 per patient per annum. Substantial off-set costs can be achieved where tocilizumab is used in place of anakinra, or if a stem cell transplant is avoided.
Financial impact	It is estimated that only one or two patients per annum will be eligible for treatment within NHS North East. Total costs will therefore be approximately £26,000 to £37,000 per annum depending on the actual doses administered.
PbR: Excluded	
Further research or information	This recommendation may be superseded by NICE guidance. Patients currently receiving tocilizumab for polyarticular JIA should continue to receive treatment until they or their clinician consider it appropriate to cease. Where relevant and approved clinical studies are actively recruiting, patients should be preferentially referred to those studies.

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