manufacturer provides tocilizumab with the discounts agreed in the patient access schemes.
www.nice.org.uk/guidance/ta373

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- **RoActemra** (Roche Products Ltd)
  Tocilizumab 180 mg per 1 ml RoActemra 162mg/0.9ml solution for injection pre-filled syringes | 4 pre-filled disposable injection PoM £913.12 DT = £913.12 (Hospital only)
  RoActemra 162mg/0.9ml solution for injection pre-filled pens | 4 pre-filled disposable injection PoM £913.12 DT = £913.12

Solution for infusion

ELECTROLYTES: May contain Sodium

- **RoActemra** (Roche Products Ltd)
  Tocilizumab 20 mg per 1 ml RoActemra 400mg/20ml concentrate for solution for infusion vials | 1 vial PoM £512.00 (Hospital only)
  RoActemra 200mg/10ml concentrate for solution for infusion vials | 1 vial PoM £256.00 (Hospital only)
  RoActemra 80mg/4ml concentrate for solution for infusion vials | 1 vial PoM £102.40 (Hospital only)

IMMUNOSUPPRESSANTS › T-CELL ACTIVATION INHIBITORS

Abatacept

01-Dec-2017

- **INDICATIONS AND DOSE**

Moderate-to-severe active polyarticular juvenile idiopathic arthritis (specialist use only)

- BY INTRAVENOUS INFUSION
- Child 6–17 years (body-weight up to 75 kg): 10 mg/kg every 2 weeks for 3 doses, then 10 mg/kg every 4 weeks, review treatment if no response within 6 months
- Child 6–17 years (body-weight 75–100 kg): 750 mg every 2 weeks for 3 doses, then 750 mg every 4 weeks, review treatment if no response within 6 months
- Child 6–17 years (body-weight 101 kg and above): 1 g every 2 weeks for 3 doses, then 1 g every 4 weeks, review treatment if no response within 6 months

Moderate-to-severe active polyarticular juvenile idiopathic arthritis (specialist use only)

- BY SUBCUTANEOUS INJECTION
- Child 2–17 years (body-weight 10–24 kg): 50 mg once weekly, review treatment if no response within 6 months
- Child 2–17 years (body-weight 25–49 kg): 87.5 mg once weekly, review treatment if no response within 6 months
- Child 2–17 years (body-weight 50 kg and above): 125 mg once weekly, review treatment if no response within 6 months

- **CONTRA-INDICATIONS** Severe infection
- **CAUTIONS** Children should be brought up to date with current immunisation schedule before initiating therapy · do not initiate until active infections are controlled · predisposition to infection (screen for latent tuberculosis and viral hepatitis) · progressive multifocal leucoencephalopathy (discontinue treatment if neurological symptoms present)
- **INTERACTIONS** → Appendix 1: abatacept
- **SIDE-EFFECTS**

- **Common or very common** Asthenia · cough · diarrhoea · dizziness · gastrointestinal discomfort · headaches · hypertension · increased risk of infection · nausea · oral ulceration · skin reactions · vomiting
- **Uncommon** Alopecia · anxiety · arrhythmias · arthralgia · bruising tendency · conjunctivitis · depression · dry eye · dyspnoea · gastritis · hyperhidrosis · hypotension · influenza like illness · leucopenia · menstrual cycle irregularities · neoplasms · pain in extremity · palpitations · paraesthesia · respiratory disorders · sepsis · sleep disorders · throat tightness · thrombocytopenia · vasculitis · vasodilation · vertigo · visual acuity decreased · weight increased
- **Rare or very rare** Pelvic inflammatory disease

- **CONCEPTION AND CONTRACEPTION** Effective contraception required during treatment and for 14 weeks after last dose.
- **PREGNANCY** Manufacturer advises avoid unless essential.
- **BREAST FEEDING** Present in milk in *animal* studies—manufacturer advises avoid breast-feeding during treatment and for 14 weeks after last dose.
- **DIRECTIONS FOR ADMINISTRATION** For *intravenous infusion*, given intermittently *in* Sodium chloride 0.9%; reconstitute each vial with 10 mL water for injections using the silicone-free syringe provided; dilute requisite dose in Sodium Chloride 0.9% to 100 mL (using the same silicone-free syringe); give over 30 minutes through a low protein-binding filter (pore size 0.2–1.2 micron).
- **NATIONAL FUNDING/ACCESS DECISIONS**

NICE decisions

- **Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis (December 2015)** NICE TA373
  Abatacept is recommended as options for treating polyarticular juvenile idiopathic arthritis (JIA), including polyarticular-onset, polyarticular-course and extended oligoarticular JIA in patients 6 years and older whose disease has responded inadequately to other disease-modifying anti-rheumatic drugs (DMARDs) including at least 1 tumour necrosis factor (TNF) inhibitor, **only** if the manufacturer provides abatacept with the discounts agreed in the patient access schemes.
  www.nice.org.uk/guidance/TA373

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- **Orencia** (Bristol-Myers Squibb Pharmaceuticals Ltd)
  Abatacept 125 mg per 1 ml Orencia 50mg/0.4ml solution for injection pre-filled syringes | 4 pre-filled disposable injection PoM ▽ (Hospital only)
  Orencia 87.5mg/0.7ml solution for injection pre-filled syringes | 4 pre-filled disposable injection PoM ▽ (Hospital only)
  Orencia 125mg/1ml solution for injection pre-filled syringes | 4 pre-filled disposable injection PoM £1,209.60 DT = £1,209.60 (Hospital only)
- **Orencia ClickJect** (Bristol-Myers Squibb Pharmaceuticals Ltd)
  Abatacept 125 mg per 1 ml Orencia ClickJect 125mg/1ml solution for injection pre-filled pens | 4 pre-filled disposable injection PoM £1,209.60 DT = £1,209.60

Powder for solution for infusion

ELECTROLYTES: May contain Sodium

- **Orencia** (Bristol-Myers Squibb Pharmaceuticals Ltd)
  Abatacept 250 mg Orencia 250mg powder for concentrate for solution for infusion vials | 1 vial PoM £302.40 (Hospital only)

IMMUNOSUPPRESSANTS › TUMOR NECROSIS FACTOR ALPHA (TNF-α) INHIBITORS

Adalimumab

13-Dec-2018

- **INDICATIONS AND DOSE**

Plaque psoriasis (initiated by a specialist)

- BY SUBCUTANEOUS INJECTION
- Child 4–17 years (body-weight 15–29 kg): Initially 20 mg once weekly for 2 doses, then 20 mg every 2 weeks, review treatment if no response within 16 weeks
- Child 4–17 years (body-weight 30 kg and above): Initially 40 mg once weekly for 2 doses, then 40 mg every 2 weeks, review treatment if no response within 16 weeks

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