

14.2 ETANERCEPT injection 50 mg in 1 mL single use auto-injector, etanercept injection 50 mg in 1 mL single use pre-filled syringes, Enbrel®, Pfizer Australia Pty Ltd

1 Purpose of application

- 1.1 To request PBS- listing of 50 mg presentations of etanercept for treatment of juvenile idiopathic arthritis in patients who have a body weight of 62.5 kg or greater.

2 Requested listing

- 2.1 The submission requested listing of the higher strength presentations of etanercept with the same restrictions under Section 100 as currently apply to the 25 mg presentation for the treatment of patients under 18 years of age with juvenile idiopathic arthritis.

3 Background

- 3.1 Currently, only the 25 mg presentation of etanercept is available on the PBS for patients under 18 years of age with severe active juvenile idiopathic arthritis who are either being treated by a rheumatologist or are under supervision of a paediatric rheumatology treatment centre and who meet certain criteria.

- 3.2 The current TGA approved dosing recommendations for etanercept for juvenile idiopathic arthritis in patients aged 2 years and older is as follows:

The recommended dose for children 2-17 years of age is 0.8 mg/kg (up to a maximum of 50 mg per dose) given once weekly as a subcutaneous injection, or 0.4 mg/kg (up to a maximum of 25 mg), given twice weekly with an interval of 3-4 days between doses.

- 3.3 TGA approval was recently given for once weekly dosing of etanercept (previously approved as twice weekly) for treatment of JIA in patients under 18 years of age. Previously, twice weekly dosing was recommended. Availability of the 50 mg presentations will allow patients weighing 62.5 kg or more to receive once weekly administration with the 50 mg syringe or auto-injector instead of 2 x 25mg vials (reconstituted and injected).

4 Pricing considerations

- 4.1 The submission assumed that patients with JIA who weigh over 62 kg who continue or commence on Enbrel will utilise either the 50 mg pre-filled syringe or 50 mg auto-injector in approximate ratio of 1:1, in place of the 25 mg powder for injection, and that the introduction of the new presentations was not expected to change the number of prescriptions and is expected to be cost neutral to the PBS. The PBAC considered this reasonable.

5 PBAC Outcome

- 5.1 The PBAC recommended etanercept 50 mg pre-filled syringe and auto-injector for treatment of juvenile idiopathic arthritis. The PBAC recommended the same circumstances as currently apply to the 25 mg presentation.

- 5.2 The submission requested the same price as for the same presentation in other indications listed on the General Schedule. The PBAC considered that this was appropriate.
- 5.3 Pending confirmation by the sponsor that this was its intention, the Secretariat proposes the PBAC recommend listing at the price proposed in the submission of the 50 mg presentations of etanercept for treatment of patients under 18 years of age with JIA under the presentation as follows:

Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
ETANERCEPT				
Injection 50 mg in 1 mL single use pre-filled syringes, 4X1mL	1	0	Enbrel®	PF
Injection 50 mg in 1 mL single use auto-injector, 4X1mL	1	0		

Condition:	Severe active juvenile idiopathic arthritis
Treatment phase:	Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of more than 12 months)
Restriction:	Section 100 – Highly Specialised Drugs Program (Public & Private Hospital) Authority Required – In writing
Treatment criteria:	Must be treated by a paediatric rheumatologist OR Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.
Clinical criteria:	Patient must have severe active juvenile idiopathic arthritis AND Patient must have received no prior PBS-subsidised treatment with a biological disease modifying anti-rheumatic drug (bDMARD) for this condition OR Patient must not have received PBS-subsidised treatment with adalimumab, etanercept or tocilizumab for this condition in the previous 12 months AND Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months. AND Patient must not receive more than 16 weeks of treatment under this restriction
Population criteria:	Patient must be under 18 years of age and a parent or authorised guardian must have signed a patient knowledge form.

Prescriber Instructions	For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.
Prescriber Instructions	<p>Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.</p> <p>Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.</p>
Prescriber Instructions	<p>If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.</p> <p>If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.</p> <p>The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: (a) an active joint count of at least 20 active (swollen and tender) joints; OR (b) at least 4 active joints from the following list: (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).</p> <p>The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.</p> <p>The authority application must be made in writing and must include: (1) completed authority prescription form(s); and (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form; and (3) an acknowledgement signed by a parent or authorised guardian.</p> <p>At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.</p> <p>If a patient fails to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial tocilizumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.</p>
Administrative Advice:	Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.
Administrative advice:	<p>Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au</p> <p>Applications for authority to prescribe should be forwarded to: Department of Human Services Prior Written Approval of Complex Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001</p>

<p>Administrative Advice:</p>	<p>TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS</p> <p>The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.</p> <p>A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.</p> <p>From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:</p> <ul style="list-style-type: none"> (i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and (ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only. <p>Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.</p> <p>A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.</p> <p>A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.</p> <p>A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.</p>
	<p>There is no limit to the number of treatment cycles a patient may undertake.</p> <p>(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.</p> <p>(a) Initial treatment.</p> <p>Applications for initial treatment should be made where:</p> <ul style="list-style-type: none"> (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2). <p>Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.</p> <p>A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.</p> <p>Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.</p> <p>For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.</p>

	<p>(b) Continuing treatment. Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.</p> <p>It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.</p> <p>Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.</p> <p>Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.</p> <p>(2) Swapping therapy. Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.</p> <p>A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.</p> <p>To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.</p> <p>To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.</p>
	<p>(3) Baseline measurements to determine response. The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.</p> <p>(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy. A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.</p>
	<p>(5) Withdrawal of treatment after sustained remission. Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to the Department of Human Services at the time treatment is ceased.</p>

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Condition:	Severe active juvenile idiopathic arthritis
Treatment phase:	Initial treatment - Initial 2 (change or re-commencement of treatment after break of less than 12 months).
Restriction:	Section 100 – Highly Specialised Drugs Program (Public & Private Hospital) Authority Required – In writing
Treatment criteria:	Must be treated by a paediatric rheumatologist, OR Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre
Clinical criteria:	Patient must have a documented history of severe active juvenile idiopathic arthritis; AND Patient must have received prior PBS-subsidised treatment with adalimumab, etanercept or tocilizumab for this condition in this treatment cycle; AND Patient must not have failed PBS-subsidised therapy with etanercept for this condition in the current treatment cycle. AND Patient must not receive more than 16 weeks of treatment under this restriction
Population criteria:	Patient must be under 18 years of age
Prescriber Instructions	For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.
Prescriber Instructions	The authority application must be made in writing and must include: (a) completed authority prescription form(s); and (b) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form. At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised. Applications for a patient who has received PBS-subsidised treatment with tocilizumab in this treatment cycle and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised tocilizumab treatment, within the timeframes specified below. Where the most recent course of PBS-subsidised tocilizumab treatment was approved under either of the Initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be submitted no later than 4 weeks from the date that course was ceased. Where the most recent course of PBS-subsidised tocilizumab treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted no later than 4 weeks from the date that course was ceased. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab. If a patient fails to respond to PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.

<p>Prescriber Instructions</p>	<p>An adequate response to treatment is defined as: (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or (b) a reduction in the number of the following active joints, from at least 4, by at least 50%: (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).</p>
<p>Administrative advice:</p>	<p>Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au</p> <p>Applications for authority to prescribe should be forwarded to: Department of Human Services Prior Written Approval of Complex Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001</p>
<p>Administrative Advice:</p>	<p>TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS</p> <p>The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.</p> <p>A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.</p> <p>From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:</p> <ul style="list-style-type: none"> (i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and (ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only. <p>Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.</p> <p>A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.</p> <p>A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.</p> <p>A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.</p>

	<p>There is no limit to the number of treatment cycles a patient may undertake.</p> <p>(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.</p> <p>(a) Initial treatment.</p> <p>Applications for initial treatment should be made where:</p> <p>(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or</p> <p>(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or</p> <p>(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or</p> <p>(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).</p> <p>Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.</p> <p>A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.</p> <p>Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.</p> <p>For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.</p>
	<p>(b) Continuing treatment.</p> <p>Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.</p> <p>It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.</p> <p>Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.</p> <p>Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.</p> <p>(2) Swapping therapy.</p> <p>Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.</p> <p>A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.</p> <p>To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.</p> <p>To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.</p>

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	<p>(3) Baseline measurements to determine response. The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.</p> <p>(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy. A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.</p>
	<p>(5) Withdrawal of treatment after sustained remission. Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to the Department of Human Services at the time treatment is ceased.</p>

Condition:	Severe active juvenile idiopathic arthritis
Treatment phase:	Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of more than 12 months) or Initial 2 (change or recommencement of treatment after break of less than 12 months) – balance of supply.
Restriction:	Section 100 – Highly Specialised Drugs Program (Public & Private Hospital) Authority Required – in writing or by telephone
Treatment criteria:	Must be treated by a paediatric rheumatologist OR Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.
Clinical criteria:	Patient must have received insufficient etanercept therapy under the Initial 1 (new patient or patient recommencing treatment after break of more than 12 months) restriction to complete 16 weeks treatment OR Patient must have received insufficient etanercept therapy under the Initial 2 (change or recommencement of treatment after break of less than 12 months) restriction to complete 16 weeks treatment
Clinical criteria	The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.
Administrative advice:	Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to: Department of Human Services Prior Written Approval of Complex Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001

Condition:	Severe active juvenile idiopathic arthritis
Treatment phase:	Continuing treatment.
Restriction:	Section 100 – Highly Specialised Drugs Program (Public & Private Hospital) Authority Required – In writing
Treatment criteria:	Must be treated by a rheumatologist OR Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre
Clinical criteria:	Patient must have a documented history of severe active juvenile idiopathic arthritis; AND Patient must have demonstrated an adequate response to treatment with etanercept; AND Patient must have received etanercept as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle AND Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction
Prescriber Instructions:	For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.
Prescriber Instructions	An adequate response to treatment is defined as: (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or (b) a reduction in the number of the following active joints, from at least 4, by at least 50%: (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).
Prescriber Instructions	Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.
Prescriber Instructions	The authority application must be made in writing and must include: (1) completed authority prescription form(s); and (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form. At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised. All applications for continuing treatment with tocilizumab must include a measurement of response to the prior course of therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with tocilizumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab. If a patient fails to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.

<p>Administrative advice:</p>	<p>Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au</p> <p>Applications for authority to prescribe should be forwarded to: Department of Human Services Prior Written Approval of Complex Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001</p>
<p>Administrative Advice:</p>	<p>TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS</p> <p>The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.</p> <p>A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.</p> <p>From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:</p> <ul style="list-style-type: none"> (i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and (ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only. <p>Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.</p> <p>A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.</p> <p>A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.</p> <p>A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.</p>

	<p>There is no limit to the number of treatment cycles a patient may undertake.</p> <p>(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.</p> <p>(a) Initial treatment.</p> <p>Applications for initial treatment should be made where:</p> <p>(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or</p> <p>(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or</p> <p>(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or</p> <p>(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).</p> <p>Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.</p> <p>A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.</p> <p>Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.</p> <p>For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.</p>
	<p>(b) Continuing treatment.</p> <p>Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.</p> <p>It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.</p> <p>Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.</p> <p>Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.</p> <p>(2) Swapping therapy.</p> <p>Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.</p> <p>A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.</p> <p>To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.</p> <p>To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.</p>

	<p>(3) Baseline measurements to determine response. The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.</p> <p>(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy. A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.</p>
	<p>(5) Withdrawal of treatment after sustained remission. Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to the Department of Human Services at the time treatment is ceased.</p>

Condition:	Severe active juvenile idiopathic arthritis
Treatment phase:	Continuing Treatment – balance of supply.
Restriction:	Section 100 – Highly Specialised Drugs Program (Public & Private Hospital) Authority Required – in writing or by telephone
Treatment criteria:	Must be treated by a rheumatologist OR Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.
Clinical criteria:	Patient must have received insufficient etanercept therapy under the Continuing Treatment restriction to complete 24 weeks treatment
Clinical criteria	The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.
Administrative advice:	<p>Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:</p> <p>Department of Human Services Prior Written Approval of Complex Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001</p>

6 Context for Decision

The PBAC helps decide whether and, if so, how medicines should be subsidised in Australia. It considers submissions in this context. A PBAC decision not to recommend listing or not to recommend changing a listing does not represent a final PBAC view about the merits of the medicine. A company can resubmit to the PBAC or seek independent review of the PBAC decision.

7 Sponsor's Comment

The sponsor had no comment.