

Canadian Rheumatology Association Position Statement for Access to JAK Inhibitors for Children in Canada

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JAK inhibitors (JAKi) are an effective treatment for several rheumatic conditions, including rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis (AS) and juvenile idiopathic arthritis (JIA). A placebo-controlled, withdrawal phase 3 randomized trial in pediatric patients with JIA demonstrated a significantly lower flare rate in patients receiving tofacitinib versus placebo (1). The benefit of tofacitinib in JIA is sustained over time and may lead to clinical remission (2). Similar beneficial results have been noted in baricitinib (phase 3) (3) and upadacitinib (phase 1) (4) trials. Thus, JAKi are effective and safe for the treatment of JIA and have the advantage of being an orally administered medication. Other advanced therapeutic drug classes are administered by subcutaneous injection or IV infusion, which can have a negative impact on children and adolescents due to the potential trauma, pain and effect on mental health and quality of life. At present, Health Canada has approved three JAKi for multiple rheumatic conditions in individuals 18 years or older. However, despite Health Canada approval of one JAKi for the treatment of pediatric polyarticular JIA patients weighing >40 kg, there is currently no public or private reimbursement for this medication for children in Canada. In addition, there is no Health Canada approval for younger patients (<40 kg) who would benefit most from an oral medication nor for the suspension version of JAKi. Thus, children in Canada with JIA currently have no access to JAK inhibitors, a critical class of effective oral advanced therapeutics that can be used in combination with conventional disease modifying anti-rheumatic drugs (DMARDs) or for disease refractory to biological DMARDs. The Canadian Rheumatology Association (CRA) identifies this gap in therapeutic care as a key priority for the pediatric rheumatology population in Canada and advocates for equity for the treatment of JIA in children in Canada.

References:

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