
From: Knibbe, Patrick MD [<mailto:knibbep@slhs.org>]
Sent: Sunday, October 23, 2016 8:38 AM
To: Eide, Tamara J.
Cc: Reader, Mikala
Subject: Rheumatology medications

Dear Tami:

As a pediatric rheumatologist it is important to my patients covered by Medicaid to continue to have access to all available biologic agents in the treatment of JIA including Enbrel, Humira, Actemra, Orencia as well as the non-FDA approved medications such as Remicade, Rituxan, Xeljanz, Simponi and Cimzia. The last group would be approved by your pharmacy group upon review of the patient record. All of these medications have been tested in pediatric populations, but have not yet received approval. They are similar enough in action that their safety and efficacy can be extrapolated from other medications in their therapeutic group. NSAIDs have been approved easily by your pharmacy group including celecoxib with review of my requests and for this I thank you. Many children experience side effects from one or more chemical groups of NSAIDs and require trying multiple agents before settling on an effective one.

My experience as an adult rheumatologist is similar to the above pediatric stance. These are difficult diseases to control at times with dire consequences. The availability of alternatives to methotrexate: leflunomide, azathioprine, CellCept, tacrolimus, cyclosporine are important in treating these complex conditions. We consider review and approval to be important and will provide our take on and references for the use of these agents in certain cases.

I am aware of attempts to reduce the formulary in many areas, but would argue that continued wide availability of alternative agents in these complex immunologic diseases makes the most sense to these patients. Until we have more targeted biomarkers to determine best treatment from the beginning, "trial and success" is our best option using available data to guide choices. Thank you.

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