Drug Coverage Decision for BC PharmaCare

About PharmaCare BC PharmaCare is a publicly funded drug plan that helps BC residents pay for most prescription drugs and pharmacy services, and some medical devices and supplies.

Details of Drug Reviewed

Drug	**efgartigimod alfa**
Brand name	Vyvgart®
Dosage form(s)	20 mg/mL (400 mg) single-dose vial, for intravenous infusion
Manufacturer	Argenx Canada Inc.
Submission type	**New Submission**
Indication reviewed	As an add-on therapy for acetylcholine receptor antibody positive (AChR-Ab+) generalized myasthenia gravis (gMG) adult patients whose symptoms persist despite adequate treatment with acetylcholinesterase inhibitors (AChEIs), corticosteroids (CSs), and/or non-steroidal immunosuppressants (NSISTs).
Canada's Drug Agency (CDA-AMC) recommendation	CDA-AMC recommended: **to Reimburse with clinical criteria and/or conditions**. Visit the CDA-AMC website for more details.
Drug Benefit Council (DBC)	The DBC met on January 8, 2024. The DBC considered various input, including clinical and pharmacoeconomic evidence review material and the recommendations of the Canadian Drug Expert Committee (CDEC). The DBC also considered patient input provided to CDEC and a budget impact assessment. The DBC received no Your Voice patient input questionnaire responses from patients, caregivers, or patient groups. The DBC recommended not to list efgartigimod alfa as an add-on therapy for (AChR-Ab+) adult gMG patients whose symptoms persist despite adequate treatment with AChEIs, CSs, and/or NSISTs.
Drug Coverage Decision	**Non-Benefit**
Date	January 8, 2025

Reason(s)	**Drug coverage decision is consistent with the DBC recommendation.** • It was noted that despite the available treatment options for gMG, there remains an unmet therapeutic need for effective treatment options, specifically for patients with refractory gMG and those with inadequately controlled gMG despite treatment with conventional therapies (e.g., AChEIs, CSs, and/or NSISTs). • However, the evidence is uncertain about the effect of efgartigimod alfa on the number of hospitalizations and use of rescue therapy when compared with placebo. • In addition, the efficacy of efgartigimod alfa relative to active comparators is highly uncertain. • Based on economic considerations and the submitted product price, the drug was not cost effective and did not offer optimal value for money.

The drug review process in BC

A manufacturer submits a request to the Ministry of Health (the Ministry).

An independent group called the Drug Benefit Council (DBC) gives advice to the Ministry by considering:

- whether the drug is safe and effective
- advice from a national group called Canada's Drug Agency – L'agence des médicaments du Canada (CDA-AMC)
- what the drug costs and whether funding it provides good value to the province
- ethical considerations of covering and not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes a BC PharmaCare coverage decision by taking into account:

- existing BC PharmaCare policies, programs and resources
- the evidence-informed advice of the DBC
- drugs already covered by BC PharmaCare that treat similar medical conditions
- the overall cost of covering the drug

Visit BC PharmaCare and Drug reviews for more information.

This document is intended for information only.
It does not take the place of advice from a physician or other qualified health care provider.

Appendix

Drug Benefit Council (DBC) Recommendation and Reasons for Recommendation

FINAL

Efgartigimod alfa (Vyvgart®)
Argenx Canada Inc.

Description

Drug review of **efgartigimod alfa (Vyvgart®)** for the following indication:

> As an add-on therapy for the treatment of acetylcholine receptor antibody positive (AChR-Ab+) generalized myasthenia gravis (gMG) in adult patients whose symptoms persist despite adequate treatment with acetylcholinesterase inhibitors (AChEIs), corticosteroids (CSs) and/or non-steroidal immunosuppressants (NSISTs)

In its review, the DBC considered the final review completed by Canada's Drug and Health Technology Agency (CADTH) on October 25, 2023, which included clinical and pharmacoeconomic evidence reviews, CADTH's recommendations, feedback from one patient group and a budget impact assessment. The DBC did not receive any Your Voice questionnaire responses.

Dosage Form

Efgartigimod alfa (Vyvgart®) is available as 400 mg/20 mL solution for intravenous use.

Recommendation

The Drug Benefit Council recommends not to list efgartigimod alfa.

Reasons for the Recommendation

1. **Summary**

- One randomized controlled trial (RCT) showed a statistically significant improvement in disease presentation (measured on the MG activities of daily living [MG-ADL] scale) among patients taking efgartigimod alfa compared to placebo. However, it is uncertain whether efgartigimod alfa reduces hospitalizations, mortality or the need for rescue therapy.
- As the trial didn't target patients who were experiencing refractory gMG, the indication under review, treatment efficacy in this population is unknown.

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- CADTH estimated a price reduction of 84% is needed for efgartigimod alfa to be cost effective at a willingness to pay (WTP) threshold of $50,000 per QALY gained, compared to rituximab.
- The Ministry considers covering rituximab for patients with gMG who are AChR-Ab+ through Special Authority on an exceptional, case-by-case basis.

2. Clinical Efficacy

- One phase-3, double-blind, placebo-controlled randomized controlled trial (ADAPT, N=167) evaluated the efficacy and safety of efgartigimod alfa in adult patients with a diagnosis of gMG, with an MG-ADL ≥ 5 points where > 50% of the total score is due to non-ocular symptoms and who are on a stable dose of standard of care (AChEIs, CSs and NSISTs).
- Patients were randomized 1:1 to receive efgartigimod alfa or a matching placebo in cycle 1, which lasted 8 weeks, followed by an individualized treat-as-needed regimen based on the patient's response measured on the MG-ADL scale. All patients received a stable concomitant treatment during the trial.
- 38% more patients in the efgartigimod alfa group achieved ≥ 2 points of MG-ADL improvement during cycle 1 compared to the placebo group. This difference was considered clinically meaningful by the clinical experts consulted by CADTH.
- Various post hoc subgroup analyses were conducted for MG-ADL response during cycle 1. Consistent with the primary analysis, these results demonstrated that efgartigimod alfa produced improvements in MG-ADL response compared to placebo, regardless of prior therapies, concomitant therapies, disease duration, thymectomy or prior treatment failure.
- There is an unmet need for effective therapy for patients with refractory gMG and patients with inadequately controlled gMG after trial of conventional therapies (AChEIs, CSs, and/or NSISTs). However, in ADAPT, it is unclear what proportion of patients were refractory to these therapies, and, as a result, it is difficult to determine a role in treatment for efgartigimod alfa in treating these patients. Presence of symptoms at enrollment or during the follow-up period is not in itself an indicator of treatment failure, in absence of information about a change in the patient's condition.
- Additional details can be found in the CADTH final recommendation.

3. Safety

- In the randomized controlled period of the ADAPT trial, the proportion of patients with treatment emergent adverse events (TEAEs) in the efgartigimod alfa group and the placebo group were similar (75.4% vs. 84.4%).
- The proportion of patients with serious adverse events (SAEs) was low in both groups and appeared lower in the efgartigimod alfa group than the placebo group (4.6% vs. 9.4%).

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- Infections and infestations were reported in a higher proportion of patients in the efgartigimod alfa group than the placebo group (44.6% vs. 34.4%).
- According to the clinical expert CADTH consulted for its review, the TEAEs were expected and are commonly seen with existing immunosuppressive treatments.

4. Economic Considerations

- Using the sponsor-submitted price for efgartigimod alfa and publicly listed prices for all other drugs, the incremental cost-effectiveness ratio (ICER) for efgartigimod alfa plus conventional therapy is $1,764,628 per quality-adjusted life-year (QALY) when compared to rituximab plus conventional therapy.
- A price reduction of 84% would be needed for efgartigimod alfa to be cost effective at a willingness to pay (WTP) of $50,000 per QALY gained, compared to rituximab.

5. Of Note

- CADTH received one patient group submission from Muscular Dystrophy Canada (MDC). MDC identified and contacted adults with MG to participate in a survey and semi-structured interviews.
- MG is a relatively severe condition that impacts quality of life and overall physical and mental wellbeing. Current treatments are not consistently effective, often have a long delay from initiation to effect (if any), cause a variety of adverse side effects and often do not offer sustained efficacy.
- Patients indicate that MG has a significant negative impact on several aspects of their lives and wellbeing, including productivity, energy levels, sleep quality, respiratory health, mobility, strength, independence, relationships, social participation, vision, speech and swallowing. The impact of MG extends to mental health, enjoyment of life and the wellbeing of patients' families.
- Two clinical specialists with expertise in the diagnosis and management of gMG provided input to CADTH and indicated that approximately 90% of patients respond to current treatments, but response is often partial, meaning that there are still symptoms that affect quality of life and function.
- CADTH received one clinician group submission from the Neuromuscular Disease Network for Canada (NMD4C), who mentioned that usual Ig treatment for MG can be effective but places a significant burden on the Canadian healthcare system, and supplies can be at risk in situations such as a pandemic.