About PharmaCare

B.C. PharmaCare is a government-funded drug plan. It helps British Columbians with the cost of eligible prescription drugs and specific medical supplies.

Details of Drug Reviewed

<table>
<thead>
<tr>
<th>Drug</th>
<th>ixekizumab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand Name</td>
<td>&quot;Taltz&quot;</td>
</tr>
<tr>
<td>Dosage Form(s)</td>
<td>80 mg/1 mL pre-filled autoinjector and pre-filled syringe</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>Eli Lilly Canada Inc.</td>
</tr>
<tr>
<td>Submission Type</td>
<td>New Indication</td>
</tr>
</tbody>
</table>

Use Reviewed

For the treatment of adult patients with active psoriatic arthritis.

Common Drug Review (CDR)

Yes, CDR recommended: to Reimburse with clinical criteria and/or conditions. Visit the CDR website for more details: www.cadth.ca/sites/default/files/cdr/complete/SR0558_Taltz_PsA_Aug_23_18.pdf

Provincial Review

The Drug Benefit Council (the DBC) now screens drug submissions under review by the Common Drug Review (CDR) to determine whether or not a full DBC review is necessary, based on past DBC reviews, recommendations, and existing PharmaCare coverage. If a full DBC review is determined to not be required, the Ministry’s drug coverage decision is based on the Canadian Drug Expert Committee (CDEC) recommendation and a provincial internal review only. On April 9, 2018, the DBC screened ixekizumab for moderate to severe psoriatic arthritis and advised that because ixekizumab is similar to other biologics used for the treatment of psoriatic arthritis, the Ministry may accept the CDEC’s recommendation for ixekizumab.

Drug Coverage Decision

Limited Coverage Benefit. Access the ixekizumab criteria from www.gov.bc.ca/pharmacarespecialauthority

Date

May 27, 2019

Reason(s)

Drug coverage decision is consistent with the CDEC recommendation.

-Ixekizumab 80mg injected subcutaneously every two weeks and 80 mg subcutaneously every four weeks were associated with stastically significant and clinically meaningful improvements in the proportion of patients achieving 20% American College of Rheumatology response (ACR20) at week 12 and week 24 compared to placebo.
-Statistically significant changes versus placebo were also reported for other outcomes related to the clinical response, such as minimum disease activity (MDA) at week 24 favoring treatment with ixekizumab. The improvement in physical function, as measured with the Health Assessment Questionnaire-Disability index (HAQ-DI), was statistically and clinically significant.
-There is no clinical trials comparing ixekizumab to other biologics.
-The Ministry participated in the pan-Canadian Pharmaceutical Alliance negotiations with the manufacturer which were able to address the concerns identified by the CDEC with respect to the cost-effectiveness and value for money.

Other

None
The Drug Review Process in B.C.

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

An independent group called the Drug Benefit Council (DBC) gives advice to the Ministry. The DBC looks at:

- whether the drug is safe and effective
- advice from a national group called the Common Drug Review (CDR)
- what the drug costs and whether it is a good value for the people of B.C.
- ethical considerations involved with covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes PharmaCare coverage decisions by taking into account:

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

Visit the The Drug Review Process in B.C. - Overview and Ministry of Health - PharmaCare 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.