Drug Coverage Decision for B.C. PharmaCare

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

Drug	**upadacitinib**
Brand Name	Rinvoq®
Dosage Form	15 mg extended-release oral tablets
Manufacturer	AbbVie
Submission Type	**New Submission**
Use Reviewed	For the treatment of adults with active psoriatic arthritis
CADTH Reimbursement Review (CRR)	Yes, CRR recommended: **to Reimburse with clinical criteria and/or conditions**. Visit the CADTH website for more details: www.cadth.ca/sites/default/files/DRR/2021/SR0658%20Rinvoq%20-%20Final%20CADTH%20Rec.pdf
Drug Benefit Council (DBC)	The DBC recommended on October 1, 2021 to not list upadacitinib at the submitted price, unless a price reduction to not exceed the least costly biologic- or targeted synthetic- disease modifying antirheumatic drug (DMARD) can be obtained.
Drug Coverage Decision	**Non-Benefit**
Date	November 29, 2022
Reasons	**Drug coverage decision is consistent with the CDEC and DBC recommendations.** • The drug did not have sufficient evidence to suggest advantages over other biologic- and targeted synthetic- disease-modifying antirheumatic drugs (DMARDs) currently reimbursed for the treatment of active psoriatic arthritis with respect to efficacy, safety, and quality of life. • Based on economic considerations and the submitted product price, the drug was not cost effective and did not offer optimal value for money.

	• The CDEC recommended that the drug plan cost of upadacitinib not exceed the drug plan cost of the least costly biologic- or targeted synthetic-DMARD reimbursed for the treatment of active psoriatic arthritis • The Pan-Canadian Pharmaceutical Alliance (pCPA) was involved in negotiations with the manufacturer for this product; however, sufficient value was not achieved.
Other Information	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 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.

Appendix

CONFIDENTIAL

Drug Benefit Council (DBC) Recommendation and Reasons for Recommendation

FINAL

Upadacitinib (Rinvoq™)
AbbVie Corporation

Description:

Drug review of **upadacitinib (Rinvoq™)** for the following Health Canada approved indications:

For the treatment of psoriatic arthritis (PsA) in adult patients.

In their review, the DBC considered the following: the final reviews completed by the Common Drug Review (CDR) on August 20, 2021, which included clinical and pharmacoeconomic evidence review material and the recommendations from the Canadian Drug Expert Committee (CDEC). The DBC also considered Patient Input Questionnaire responses from two patients, and five patient groups, as well as patient input provided to the CDR, a Clinical Practice Review from a specialist, and a Budget Impact Assessment.

Dosage Forms:

Rinvoq™ is available as upadacitinib 15 mg tablet.

Recommendations:

1. The Drug Benefit Council (DBC) recommends not to list **upadacitinib (Rinvoq™)** at the submitted price.

Of Note:
- If the Ministry is able to negotiate a significant price reduction, the reimbursement conditions recommended by CDEC are an appropriate basis for coverage.

Reasons for the Recommendation:

1. Summary
- Results from two double-blind, randomized controlled trials in adults with moderate-to-severe active PsA who had an insufficient response or intolerance to a non-biologic

DBC Meeting – October 1, 2021
DBC Recommendation and Reasons for Recommendations
DBC members present: Andrea Jones, Barbara Kaminsky, Bashir Jiwani, Bob Nakagawa (Chair), Charley Zhang, Dean Regier, Fawziah Lalji, Justin Chan, Karin Jackson, Peter Zed (Vice Chair), Ross Taylor

disease-modifying antirheumatic drugs (DMARD) and who were biologic DMARD (bDMARD) naive or who had insufficient response or intolerance to a bDMARD indicated that upadacitinib was associated with statistically significant improvements compared with placebo for numerous clinically relevant manifestations of PsA.
- Upadacitinib was non-inferior to adalimumab 40 mg subcutaneous (SC) every other week in American College of Rheumatology (ACR20) response at week 12.
- At the manufacturer-submitted price, a price reduction of 5% to 27% would be required for upadacitinib to be considered cost-effective.

2. Clinical Efficacy
- The DBC considered the CADTH clinical review, which included two double-blind, randomized controlled trials in adults with moderate-to-severe active PsA who had an insufficient response or intolerance to a non-biologic DMARD and who were bDMARD- naive (SELECT-PsA1) or who had insufficient response or intolerance to a bDMARD (SELECT-PsA2).
- Upadacitinib 15 mg once daily was associated with statistically significant and clinically meaningful improvements compared with placebo in the proportion of patients achieving at least a 20% improvement in American College of Rheumatology response criteria (ACR20) at week 12.
- In bDMARD naive patients, upadacitinib was non-inferior to adalimumab 40 mg SC every other week for the ACR20 response at week 12.
- The efficacy of upadacitinib compared to adalimumab in bDMARD-experienced patients is unknown.
- In both studies, upadacitinib 15 mg was associated with statistically significant improvements compared with placebo for numerous clinically relevant manifestations of PsA, including function and disability, PsA symptoms, health-related quality of life, skin disease, and other measures of clinical response or disease control.
- For detailed information on the systematic review of upadacitinib for PsA, please see the CDEC Final Recommendation at: https://www.cadth.ca/upadacitinib-0.

3. Safety
- By Week 24, the proportion of patients in SELECT-PsA1 who experienced a treatment-emergent AE (TEAE) was higher in the upadacitinib 15 mg and adalimumab treatment groups compared to the placebo group.
- In PsA2, the proportion of patients who experienced a TEAE was similar between the upadacitinib and placebo groups.
- The frequency of serious adverse events (SAEs) and withdrawal due to adverse events (WDAEs) were low across all treatment groups and generally below 5%, apart from the upadacitinib 15 mg treatment group of SELECT-PsA2 which had the highest proportion of patients experiencing a SAE (5.7%) or WDAE (7.1%).
- On September 2, 2021, the US Food and Drug Administration (FDA) requested revisions to the Boxed Warning for upadacitinib, along with other drugs in the same

class (the JAK inhibitors), to include information about the risks of serious heart-related events, cancer, blood clots, and death.
- For detailed information on the safety and tolerability of upadacitinib, please see the CDEC Final Recommendations at the links above.

4. Economic Considerations
- At the manufacturer-submitted price, upadacitinib was more costly compared with several relevant comparator DMARD treatments for adults with active PsA.
- CADTH recommended that there is insufficient evidence to justify a cost premium over the least expensive bDMARD or Targeted Synthetic DMARDs (tsDMARDs) reimbursed for the treatment of adult patients with PsA.

5. Of Note
- Upadactinib is administered once daily via oral administration. Many other targeted DMARDs are administered via subcutaneous injection or intravenous infusion, routes that are difficult for some patients to tolerate.
- Patients indicated that PsA causes pain, stiffness, lack of mobility, and fatigue which may impact their activities of daily living, their family lives, and their ability to work and maintain certain hobbies.
- Patient Input Questionnaire responses indicated that one patient had tried Rinvoq through a compassionate program. The patient reported that Rinvoq was the first drug in years that has given them relief from their disease.