BC PharmaCare Drug Information

The drug below is being considered for coverage under the BC PharmaCare program. PharmaCare is a government-funded drug plan that helps B.C. residents with the cost of eligible prescription drugs and medical supplies. For more information about PharmaCare, visit the PharmaCare website.

PharmaCare reviews each drug for treating a specific illness or medical condition (also called an "indication"). If PharmaCare decides to cover a drug, that coverage applies only to the indication(s) specified. In some cases, PharmaCare covers a drug only for people who have not responded to other drugs that treat the same indication.

More information about the PharmaCare drug review process is provided on the last page of this document.

Drug information	
Generic name (scientific name)	**bimekizumab**
Brand name	**Bimzelx®**
Manufacturer	UCB Canada Inc.
Indication	For the treatment of adult patients with moderate to severe hidradenitis suppurativa who have inadequate response to conventional systemic therapy.
Has the drug been reviewed by CDA-AMC, or will CDA-AMC be reviewing it? (See note below.)	Yes For more information about the CDA-AMC Reimbursement Review (CRR) of bimekizumab (Bimzelx®), Search the CDA-AMC Reports.
Public input start date	**Wednesday, February 26, 2025**
Public input closing date	**Tuesday,** March 25, 2025, at **11:59 PM**
How is the drug taken?	Bimekizumab is given by subcutaneous (under the skin) injection.
How often is the drug injected?	Bimekizumab is injected every 2 weeks up to 16 weeks, and then every 4 weeks thereafter.

Drug information	

General drug and/or drug study information	Bimekizumab is being reviewed for the treatment of hidradenitis suppurativa (HS) in adults. HS is a painful, progressive, chronic inflammatory skin disease that causes nodules, abscesses, sinus tracts[a] and fistulas[b] under the breasts, underarms, buttocks, and groin.
	
	Bimekizumab works by targeting specific proteins in the body called interleukin-17A (IL-17A), IL–17F, and IL–17AF, blocking their interaction with the IL–17RA/IL–17RC receptor complex and suppressing expression of inflammation related genes. In HS, the immune system produces too much of this protein, which leads to increased inflammation and the formation of skin lesions.
	
	Studies looked at the following:
	• Hidradenitis Suppurativa Clinical Response (HiSCR50):
	  ○ Proportion of patients with at least a 50% decrease in abscesses and/or inflammatory nodules (AN) count at weeks 16 , with no increase in the number of abscesses or in the number of draining fistulas as measured by the HiSCR50 tool.
	• Flares:
	  ○ Proportion of patients with at least a 25% increase in AN count with a minimum increase of 2 AN at week 48.
	• Symptoms:
	  ○ Changes from baseline in the Worst Skin Pain Responder Rate, with a 3-point minimum reduction as clinically meaningful change, as measured by the Hidradenitis Suppurativa Symptom Diary (HSSDD) at week 16.
	• Health-related quality of life:
	  ○ Changes from baseline in Dermatology Life Quality Index (DLQI) at weeks 16, with a 4-point reduction as a clinically meaningful threshold.
	• Bad reactions
	• Serious bad reactions
	• Patients leaving the trial due to bad reactions.
	• Bad reactions of special interest, such as: oral candida (yeast) infections

[a] A sinus tract is a narrow tunnel or passage that forms in the body due to infection, inflammation, or injury. It is usually a small opening on the skin that acts as a pathway for fluid or pus to drain to the skin's surface.

Drug information	
Other considerations	None

Note:
CDA-AMC (Canada's Drug Agency-L'Agence des Médicaments du Canada) is a national organization that reviews drugs on behalf of Canadian public sector plans when drug manufacturers want those plans to provide coverage for the drug. For detailed information about the PharmaCare drug review process, including the role of the CDA-AMC Reimbursement Review (CRR) in that process, visit How PharmaCare Decides Which Drugs to Cover.

Cost of the drug compared to other drugs used to treat the same indication				
Generic Name (Brand Name) of Drug Comparator	**PharmaCare Status (if and how the drug is already covered)**	**Dosage Form**	**Usual Dose**	**Annual Cost of Therapy[c]**
bimekizumab (Bimzelx®)	Under Review	Pre-filled syringe or pen	Once every 2 weeks up to week 16, then once every 4 weeks thereafter	Year 1: $58,134[d] Year 2+: $44,484
Other biologics				
secukinumab (Cosentyx)	Under Review for HS, Limited Coverage for plaque psoriasis, ankylosing spondylitis, and psoriatic arthritis	Pre-filled syringe or pen	Once weekly for 5 weeks, then every 2 or 4 weeks thereafter, starting at week 6	Year 1: $32,926 to $56,043 Year 2+: $25,570 to $51,139
adalimumab (Humira)	Non-benefit	Pre-filled syringe or pen	Once at weeks 0 and 2, then once weekly thereafter starting at week 4.	Year 1: $42,995[e] Year 2+: $41,407

[b] A fistula is an abnormal connection between two organs or parts of the body that are not normally connected. A fistula may enable fluids, such as urine or stool to pass between the affected areas, leading to pain, discharge, swelling, and infection.
[c] All prices as per PharmaCare formulary, unless otherwise specified. Weight-based dosing assumes a weight of 65 kg; dosing based on body surface area assumes an area of 1.8 m^2.
[d] Price as per CDA Pharmacoeconomic Review Report for bimekizumab (Bimzelx) HS, plus 5% markup.
[e] Price as per CDA Pharmacoeconomic Review Report for bimekizumab (Bimzelx) HS.

Cost of the drug compared to other drugs used to treat the same indication				
Generic Name (Brand Name) of Drug Comparator	**PharmaCare Status (if and how the drug is already covered)**	**Dosage Form**	**Usual Dose**	**Annual Cost of Therapy[c]**
adalimumab (biosimilars)	Limited Coverage	Pre-filled syringe or pen	Once at weeks 0 and 2, then once weekly thereafter starting at week 4.	Year 1: $26,721 Year 2 & onwards: $25,731

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 Canada's Drug Agency-L'Agence des médicaments du Canada (CDA-AMC)
- what the drug costs and whether it is a good value to the citizens of B.C.
- ethical considerations related to 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:

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

For more information about the drug review process in B.C., visit: the How PharmaCare decides which drugs to cover.

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