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)	**upadacitinib**
Brand name	**Rinvoq®**
Manufacturer	AbbVie Corporation
Indication	For the treatment of patients 2 years of age and older with active polyarticular course juvenile idiopathic arthritis (pcJIA) who have had an inadequate response or intolerance to methotrexate.
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 upadacitinib (Rinvoq), Search the CDA-AMC Reports.
Public input start date	**Wednesday, October 28, 2026**
Public input closing date	**Tuesday, November 24, 2026, at 11:59 pm**
How is the drug taken?	Upadacitinib is taken by mouth as a liquid (oral solution) or tablet.
How often is the drug taken?	Upadacitinib oral solution is taken twice daily. Upadacitinib tablets are taken once daily.

General drug and/or drug study information	The Ministry of Health is reviewing upadacitinib for the treatment of patients 2 years of age and older with active polyarticular course juvenile idiopathic arthritis (pcJIA) who have had an inadequate response or intolerance to methotrexate. Upadacitinib may be used as monotherapy (alone) or in combination with methotrexate. Juvenile idiopathic arthritis (JIA) is diagnosed when joint inflammation lasts for six weeks or longer and begins before age 16. The term "idiopathic" means that the exact cause is unknown. pcJIA occurs when the immune system mistakenly attacks healthy joints, causing inflammation. Children with pcJIA have arthritis affecting five or more joints and may experience joint pain, swelling, stiffness, fatigue, and difficulty with movement. The condition can affect daily activities, participation in school and sports, and overall quality of life. Upadacitinib is a Janus kinase (JAK) inhibitor. It works by blocking signals involved in the immune response that can cause inflammation. By reducing these inflammatory signals, upadacitinib may help decrease joint pain, swelling, and stiffness associated with pcJIA. Studies looked at the following: • Proportion of patients with an American College of Rheumatology (ACR) pediatric 70 response at week 48. An ACR 70 response means a child's JIA symptoms improved by at least 70% compared with when treatment started. • Proportion of patients with ACR pediatric 100 response at week 48 An ACR 100 response means a child's JIA symptoms improved by 100% compared with when treatment started. • Proportion of patients with low disease activity (Juvenile Arthritis Disease Activity Score [JADAS-27] score of 3.8 or less) at week 48. JADAS-27 is a measurement scale used to assess how active JIA is and how well treatment is working. Lower scores indicate less disease activity • Proportion of patients with inactive disease (JADAS-27 score of 1 or less) at week 48 • Changes from baseline in patient/parent or caregiver global assessment of overall wellbeing using a Visual Analogue Scale (VAS)

Drug information	
	at week 48. A VAS is a visual scale used by a child, parent, or doctor to rate overall well-being or disease activity. • Bad reactions • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest: Liver disorders, increased levels of creatine phosphokinase (CPK) in the blood[a], low white blood cell counts (lymphopenia and neutropenia), anemia, serious infections, shingles, and opportunistic infections other than tuberculosis.
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.

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	**Dosage Form**	**PharmaCare Status (if and how the drug is already covered)**
upadacitinib (Rinvoq)	Tablet	Under Review[b] Limited Coverage for atopic dermatitis and Crohn's disease
upadacitinib (liquid) (Rinvoq)	Oral solution	Under Review for pcJIA
Tumour Necrosis Factor (TNF) inhibitors		
adalimumab (biosimilars)	Prefilled syringe Pre-filled pen Autoinjector	Limited Coverage for moderate to severe active polyarticular JIA

[a] Creatine phosphokinase (CPK) is an enzyme measured in the blood. Increased CPK levels have been reported in some people taking upadacitinib.
[b] Under review for pcJIA, giant cell arteritis (GCA) in adults, and alopecia areata in adults and adolescents 12 years of age and older

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	**Dosage Form**	**PharmaCare Status (if and how the drug is already covered)**
		and multiple other indications[c]
etanercept (biosimilars)	Prefilled syringe Pre-filled autoinjector	Limited Coverage for moderate to severe active polyarticular JIA and multiple other indications[d]
golimumab (Simponi)	Pen injector Syringe	Non-Benefit for JIA Limited Coverage for multiple indications[e]
Interleukin-6 (IL-6) inhibitors		
tocilizumab SC (biosimilar)	Prefilled syringe Autoinjector	Limited Coverage for active systemic JIA and moderate to severe active pJIA and multiple other indications[f]
tocilizumab IV (biosimilar)	Vial for intravenous (IV) infusion	
Janus kinase (JAK) inhibitors		
tofacitinib (generic)	Tablet	Under Review for JIA Limited Coverage for multiple indications[g]
Selective Costimulation modulators		
abatacept (Orencia)	Vial for IV infusion Solution for injection	Limited Coverage for moderate to severe active polyarticular JIA and rheumatoid arthritis

[c] Limited Coverage for rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), plaque psoriasis (PsO), hidradenitis suppurativa (HS), Crohn's disease or fistulizing Crohn's disease, and ulcerative colitis (UC). Under review for pediatric inflammatory bowel disease (IBD), including pediatric UC and CD.
[d] Limited coverage for rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), and severe plaque psoriasis (PsO).
[e] Limited coverage for rheumatoid arthritis (RA), psoriatic arthritis (PsA), and ankylosing spondylitis (AS). Under review for ulcerative colitis (UC).
[f] Limited Coverage for rheumatoid arthritis (RA), giant cell arteritis (GCA), and neuromyelitis optica spectrum disorder (NMOSD).
[g] Limited coverage for ankylosing spondylitis (AS), psoriatic arthritis (PsA), rheumatoid arthritis (RA), and ulcerative colitis (UC).

The Drug Review Process in B.C.

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

An independent national organization called Canada's Drug Agency (CDA-AMC) provides evidence-based recommendations to public drug plans across Canada through its reimbursement review process.

As part of the CDA-AMC's Clinical Reimbursement Review process, the Canadian Drug Expert Committee (CDEC) makes reimbursement recommendations for non-oncology pharmaceuticals to the participating federal, provincial, and territorial publicly funded drug plans. In developing its recommendations, the CDEC considers:

- whether the drug is safe and effective
- 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 a BC PharmaCare coverage decision by considering:

- existing BC PharmaCare policies, programs and resources
- the evidence-informed advice of the CDA-AMC
- the recommendations and reimbursement conditions of the CDEC
- if a Ministry Initiated review, the advice of an independent expert group called the Drug Benefit Council (DBC)
- BC-specific patient input collected through the Your Voice website
- 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 provides information only.
It does not take the place of advice from a physician or other qualified health care provider.