CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

bimekizumab (Bimzelx)

(UCB Canada Inc.)

Indication: The treatment of adult patients with active psoriatic arthritis. Bimzelx can be used alone or in combination with a conventional non-biologic disease-modifying antirheumatic drug (cDMARD) (e.g., methotrexate).

May 3, 2024

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0803
Name of the drug and Indication(s)	bimekizumab (Bimzelx) for the treatment of adult patients with active psoriatic arthritis. Bimekizumab can be used alone or in combination with a conventional non-biologic disease-modifying antirheumatic drug (e.g., methotrexate).
Organization Providing Feedback	FWG

1. Recommendation revisions Please indicate if the stakeholder requires the expert review committee to reconsider or clarify its recommendation.		
Request for Reconsideration	**Major revisions:** A change in recommendation **category** or patient **population** is requested	☐
	Minor revisions: A change in reimbursement **conditions** is requested	☐
No Request for Reconsideration	**Editorial revisions:** Clarifications in recommendation **text** are requested	☐
	No requested revisions	X

2. Change in recommendation category or conditions Complete this section if major or minor revisions are requested
Please identify the specific text from the recommendation and provide a rationale for requesting a change in recommendation.

3. Clarity of the recommendation Complete this section if editorial revisions are requested for the following elements
a) Recommendation rationale
Please provide details regarding the information that requires clarification.
b) Reimbursement conditions and related reasons
Please provide details regarding the information that requires clarification.
c) Implementation guidance
Please provide high-level details regarding the information that requires clarification. You can provide specific comments in the draft recommendation found in the next section. Additional implementation questions can be raised here.

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0803
Brand name (generic)	BIMZELX (bimekizumab)
Indication(s)	For the treatment of adult patients with active psoriatic arthritis. Bimekizumab can be used alone or in combination with a conventional non-biologic disease-modifying antirheumatic drug (e.g., methotrexate).
Organization	UCB Canada Inc.
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐

UCB Canada Inc. agrees with the recommendation to reimburse BIMZELX (bimekizumab) for the treatment of adult patients with active psoriatic arthritis (PsA). While UCB Canada Inc. agrees with the recommendation to reimburse BIMZELX (bimekizumab) for PsA, we would ask the CDEC to kindly consider the following editorial revisions:

1. There is a high probability that bimekizumab has advantages over existing treatment options for active PsA, further supporting the potential improved benefit of bimekizumab for patients with PsA and skin involvement.
On page 5 of the draft recommendation, under Discussion Points, it is stated by CDEC that "it is uncertain whether bimekizumab has any particular advantages over existing bDMARDs or tsDMARDs treatment options for active PsA." In addition, on page 20 of the draft recommendation, it is stated that "The results are highly uncertain, at risk of unmeasured bias, and are also of limited applicability to the clinical context due to the inclusion of only some treatment options available in the Canadian context."

UCB Canada Inc. respectfully disagrees with CDEC's statements concluding uncertainty of bimekizumab's advantages over currently available treatment options for active PsA as well as statements around limited applicability to the clinical context. As direct comparisons between bimekizumab and relevant comparators cannot be made using data from BE COMPLETE and BE OPTIMAL, evidence for the efficacy of bimekizumab is supported by the indirect treatment comparisons (ITCs) which demonstrate that across both patient populations (bio-naïve and TNFi-inadequate responders [TNFi-IR]), bimekizumab was statistically superior in treatment effects across various disease domains.

Specifically, based on the NMA, **bimekizumab was one of the highest-ranked treatments in terms of efficacy on joint and skin outcomes in bio-naïve and TNFi-IR PsA patients** with comparable safety versus other b/tsDMARDs. In the NMA comparing ACR50 efficacy, bimekizumab ranked 5th of 21 treatments in bio-naïve patients and 2nd of 15 treatments in TNFi-IR patients. In the NMA comparing PASI90 efficacy, bimekizumab ranked 2nd of 15 treatments in bio-naïve patients and 1st of 10 treatments in TNFi-IR patients. When compared using PASI100, bimekizumab ranked 1st of 11 treatments in bio-

naïve patients and 2nd of 7 treatments in TNFi-IR patients. Based on the NMAs, bimekizumab was one of the highest-ranked treatments in terms of efficacy on joint and skin outcomes in bio-naïve and bio-experienced patients with PsA. Therefore, **bimekizumab meets the needs of Canadian patients with PsA**, regardless of prior TNFi exposure, for a **treatment option that provides rapid, consistent, and sustained response** across multiple disease domains using **clinically relevant, stringent endpoints** (e.g., ACR50/70, PASI90/100, MDA).

In addition, forty-one RCTs were identified from a systematic literature review for inclusion in the final analysis of the NMA. However, **not all PsA clinical studies measured or published results for more stringent endpoints** such as ACR50 and PASI90. As such, this is a limitation identified for currently available therapies for the treatment of PsA.

As such, UCB Canada Inc. is requesting that CADTH **acknowledge bimekizumab's potential advantages and more stringent endpoints** over currently available treatment options for active PsA by including the following statement:

"*Although the results of the NMA are subject to some uncertainty, evidence shows improved efficacy of bimekizumab across patient populations for various disease domains, specifically ranking one of the highest treatments in terms of efficacy on joint and skin outcomes which meets the needs of both clinicians and patients for new PsA treatment alternatives that are effective in reducing PsA symptoms, including joint pain and clearing psoriasis, ultimately improving HRQoL.*"

2. Bimekizumab is the 1st and only available humanised monoclonal antibody that binds to both IL-17F and IL-17A, <u>demonstrating consistent and sustained efficacy on stringent joint and skin measures for patients with PsA</u> all while addressing important outcomes valued by patients.
UCB Canada Inc. would like to highlight key benefits of bimekizumab that were absent from the draft recommendation. Bimekizumab is the **first and only humanized monoclonal antibody with dual specificity that selectively inhibits the biological activity of both IL-17A and IL-17F**, a pivotal driver of inflammation. Studies have demonstrated that dual neutralization of both IL-17A and IL-17F **suppresses inflammation processes to a greater extent** than inhibition of IL-17A alone.

In addition, bimekizumab is the **first treatment to have American College of Rheumatology (ACR) ACR50 as its primary endpoint** in pivotal trials (BE COMPLETE and BE OPTIMAL) for PsA. A 50% improvement in the ACR response is a high treatment target for PsA clinical trials, as historically an ACR20 response has been used as the primary outcome, because achieving an ACR20 response is the minimally clinically important difference. Both trials had the same primary endpoint: the proportion of patients achieving a 50% improvement in the ACR50 by week 16. This **primary endpoint was met in both trials** with 43.9% and 43.4% of patients on bimekizumab achieving ACR50 by week 16 in BE OPTIMAL and BE COMPLETE, respectively, compared to placebo, and results from BE OPTIMAL sustained up to 52 weeks.

Both clinical trials included secondary outcomes which demonstrated efficacy in skin manifestations, disease activity, and quality of life. Association analyses at 16 weeks in the bimekizumab BE OPTIMAL and BE COMPLETE trials have **demonstrated that patients who achieve more stringent levels (ACR50 & PASI90/PASI100) of disease control are more likely to achieve greater improvements in their pain & physical functioning**. Bimekizumab fills the gap for a need for new treatments that help bio-naïve and TNFi-experienced patients to reach stringent outcomes in both joints and skin. Psoriatic arthritis can develop in individuals who do not have psoriasis, but it is also known to affect up to 30% of psoriasis patients. As such, **bimekizumab should also be considered as the preferred option for patients with PsA and concomitant psoriasis**.

Expert committee consideration of the stakeholder input		
	Yes	☐

2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	No	☐

UCB Canada Inc. agrees that the committee has considered the stakeholder input provided to CADTH and would like to highlight key attributes of the clinician and patient group input that further strengthens the need for new innovative therapies in PsA, such as bimekizumab.

Patient input received for this review indicated that "there is a **need for new PsA treatment alternatives** that are effective in reducing PsA symptoms, including joint pain, **clearing psoriasis**, and improving HRQoL. Based on the results from the BE OPTIMAL and BE COMPLETE trials, **bimekizumab appears to address some of these important outcomes valued by patients**."

Input from the CADTH clinical expert stated that "despite there being various treatment options for managing PsA, **not all patients respond to available therapies and that treatments tend to improve disease in some domains but have variable or suboptimal efficacy on others**. There is also concern over safety with all DMARDs, including increased risk of infection and new onset or worsening of comorbidities. Few patients achieve a state of low disease activity, and **it is important to have safe, well-tolerated treatments that are effective on all domains**."

In addition, the clinical expert indicated that "bimekizumab would be used after failure of cDMARDs and, in accordance with its Health Canada indication, with or without a cDMARD." The expert was of the opinion that "**any patient with active PsA could receive bimekizumab, particularly those with coexisting severe psoriasis**." It was also noted that "patients with an inadequate response to targeted DMARDs are most in need of new treatments."

Clarity of the draft recommendation

3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐

UCB Canada Inc. agrees that the reasons for the recommendation are clearly stated.

4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐

UCB Canada Inc. agrees that the implementation issues have been clearly articulated and adequately addressed in the recommendation.

5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

UCB Canada Inc. agrees that the reimbursement conditions are clearly stated and the rationale for the conditions are provided in the recommendation.

[a] CADTH may contact this person if comments require clarification.