Adalimumab

for treating active moderate to severe hidradenitis suppurativa

Technology Guidance from the MOH Drug Advisory Committee

Guidance recommendations

The Ministry of Health’s Drug Advisory Committee has recommended:

- Adalimumab 40 mg/0.8 ml solution for injection (prefilled syringe and pen) for treating active moderate to severe hidradenitis suppurativa (acne inversa), defined by Hurley stage II or III disease in patients with an inadequate response to conventional systemic therapy.

Prescribing clinicians should assess the patient’s initial response to adalimumab after 12 weeks of treatment, and only continue if there is clear evidence of Hidradenitis Suppurativa Clinical Response (HiSCR), defined as:

- A reduction of 50% or more from baseline in total abscess and inflammatory nodule count; and
- No increase in abscess or draining-fistula count.

Subsidy status

Adalimumab 40 mg/0.8 ml solution for injection (prefilled syringe and pen) is recommended for inclusion on the Medication Assistance Fund (MAF) for the abovementioned indication.

Adalimumab should be used in line with the clinical criteria in the MAF checklist for initial and continuing prescriptions for patients with hidradenitis suppurativa.

MAF assistance does not apply to adalimumab 40 mg/0.4 ml solution for injection.

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Factors considered to inform the recommendations for subsidy

Technology evaluation

1.1 The MOH Drug Advisory Committee (“the Committee”) considered the evidence presented for the technology evaluation of adalimumab for hidradenitis suppurativa (HS). The Agency for Care Effectiveness conducted the evaluation in consultation with clinical experts from public healthcare institutions. Published clinical and economic evidence for adalimumab was considered in line with the registered indication.

1.2 The evidence was used to inform the Committee’s deliberations around four core decision-making criteria:
- Clinical need of patients and nature of the condition;
- Clinical effectiveness and safety of the technology;
- Cost-effectiveness (value for money) – the incremental benefit and cost of the technology compared to existing alternatives; and
- Estimated annual technology cost and the number of patients likely to benefit from the technology.

1.3 Additional factors, including social and value judgments, may also inform the Committee’s subsidy considerations.

Clinical need

2.1 The Committee heard that active HS is a chronic inflammatory skin condition that can significantly impact patient quality of life. In local practice, adalimumab is typically reserved as a third-line treatment option after failure of conventional systemic therapies (such as antibiotics and retinoids) in line with international clinical practice guidelines. The Committee agreed that adalimumab addresses a high clinical need for patients with limited alternative treatment options.

Clinical effectiveness and safety

3.1 The Committee acknowledged that pivotal trials (PIONEER I and II) demonstrated significantly more patients receiving adalimumab achieved clinical responses at week 12 compared to baseline than those receiving placebo (PIONEER I: adalimumab 41.8%, placebo 26.0%, p=0.003; PIONEER II: adalimumab 58.9%, placebo 27.6%, p<0.001). However, randomised controlled trial evidence showing treatment benefits beyond 12 weeks was limited.
3.2 Health-related quality of life (HRQoL) measured by change from baseline in Dermatology Quality of Life Index (DLQI) was also significantly improved with adalimumab at week 12 compared to baseline; however, the difference between treatment groups was not clinically significant. The Committee noted that local clinical experts considered adalimumab has a clinically meaningful positive effect on HRQoL for patients with HS, and that the HRQoL measures used in the trials potentially underestimated the benefits of adalimumab.

3.3 The Committee noted that the number of patients who experienced any adverse events, treatment-emergent infections, or adverse events leading to discontinuations were similar between adalimumab and placebo treatment groups in both trials.

Cost-effectiveness

4.1 Without local cost-effectiveness studies, the Committee considered results from economic analyses conducted as part of company evidence submissions to NICE (UK), CADTH (Canada), and the PBAC (Australia) for subsidy consideration. In all analyses, adalimumab was only considered cost-effective after the manufacturer offered substantial confidential discounts. The Committee noted incremental cost-effectiveness ratios (ICERs) from the UK and Australia ranged from £29,000 to £34,000, and AU$45,000 to AU$75,000 per QALY gained respectively, and adalimumab was considered marginally cost-effective in those local contexts. The Committee acknowledged proposed discounted pricing remained high, and concluded adalimumab would only represent a cost-effective treatment option versus standard care for HS in Singapore if used in line with strict clinical criteria.

Estimated annual technology cost

5.1 The Committee noted that following VBP discussions, the manufacturer offered a discount for maintaining adalimumab’s current indications listed on MAF, but did not offer an additional discount for subsidy for HS. The Committee estimated around 24 people with HS in Singapore would benefit from government assistance for adalimumab when used in line with defined clinical criteria. The annual cost impact was estimated to be less than SG$500,000 in the first year of listing on the MAF.
Additional considerations

6.1 The Committee acknowledged that the manufacturer had agreed to continue the existing patient assistance programme (PAP) for eligible patients with HS who require adalimumab which would provide further savings to patients in addition to MAF subsidy.

Recommendation

7.1 Based on available evidence, the Committee recommended adalimumab 40 mg/0.8 ml solution for injection (prefilled syringe and pen) be listed on the MAF for treating HS, if the existing PAP is continued for all eligible patients, in view of the high clinical need for subsidised treatment to ensure appropriate patient care, and acceptable cost-effectiveness at the price proposed by the manufacturer.

About the Agency

The Agency for Care Effectiveness (ACE) is the national health technology assessment agency in Singapore residing within the Ministry of Health. It conducts evaluations to inform the subsidy of treatments, and produces guidance on the appropriate use of treatments for public hospitals and institutions in Singapore. When using the guidance, the responsibility for making decisions appropriate to the circumstances of the individual patient remains with the healthcare professional.

Find out more about ACE at www.ace-hta.gov.sg/about

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