

JAK Inhibitors and Monoclonal Antibodies for the Treatment of Atopic Dermatitis: Effectiveness and Value

Questions for Deliberation and Voting: July 2021 Public Meeting

These questions are intended for the deliberation of the New England CEPAC voting body at the public meeting.

Clinical Evidence

Patient Population for questions 1-4: Adults with moderate-to-severe atopic dermatitis whose disease has either not responded adequately to topical therapies, or for whom topical therapies have not been tolerated, or are medically inadvisable. Usual care in such patients is defined as use of topical emollients and avoidance of exacerbating factors.

Given the currently available evidence:

1. Is the evidence adequate to demonstrate that the net health benefit of **abrocitinib** added to usual care is superior to that provided by usual care alone?

Yes No

2. Is the evidence adequate to demonstrate that the net health benefit of **baricitinib** added to usual care is superior to that provided by usual care alone?

Yes No

3. Is the evidence adequate to demonstrate that the net health benefit of **upadacitinib** added to usual care is superior to that provided by usual care alone?

Yes No

4. Is the evidence adequate to demonstrate that the net health benefit of **tralokinumab** added to usual care is superior to that provided by usual care alone?

Yes No

Patient Population for Questions 5: Adolescents and Adults with mild-to-moderate atopic dermatitis.

5. Given the currently available evidence, Is the evidence adequate to demonstrate that the net health benefit of **ruxolitinib cream** is superior to that provided by topical emollients alone?

Yes No

Contextual Considerations and Potential Other Benefits or Disadvantages

Please vote on the following contextual considerations relevant for the new treatments under review:

When making judgments of overall long-term value for money, what is the relative priority that should be given to any effective treatment for Atopic Dermatitis, on the basis of the following contextual considerations:

1= Very low priority; 2 = Low priority; 3 = Average priority; 4 = High priority; 5= Very high priority

6. Acuity of need for treatment of individual patients based on the severity of the condition being treated
7. Magnitude of the lifetime impact on individual patients of the condition being treated

Please vote on the following potential other benefits or disadvantages:

1= Major negative effect; 2 = Minor negative effect; 3 = No difference; 4 = Minor positive effect; 5 = Major positive effect

For questions 9-12, considering the average effects of the new systemic therapies as a group, what are the relative effects of the new therapies versus usual care (use of topical emollients and avoidance of exacerbating factors) on the following outcomes that inform judgment of the overall long-term value for money:

8. Patients' ability to achieve major life goals related to education, work, or family life
9. Caregivers' quality of life and/or ability to achieve major life goals related to education, work, or family life
10. Society's goal of reducing health inequities
11. What are the relative effects of the JAK inhibitors as a class versus dupilumab on patients' ability to manage and sustain treatment given the complexities of the regimens?

12. What are the relative effects of tralokinumab versus dupilumab on patients' ability to manage and sustain treatment given the complexities of the regimens?

Long-term Value for Money

13. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with **baricitinib** versus usual care?
- a. Low long-term value for money at current prices
 - b. Intermediate long-term value for money at current prices
 - c. High long-term value for money at current prices
14. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with **upadacitinib** versus usual care?
- d. Low long-term value for money at current prices
 - e. Intermediate long-term value for money at current prices
 - f. High long-term value for money at current prices
15. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with **abrocitinib** versus usual care?*
- g. Low long-term value for money at current prices
 - h. Intermediate long-term value for money at current prices
 - i. High long-term value for money at current prices
16. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment with **tralokinumab** versus usual care?*
- j. Low long-term value for money at current prices
 - k. Intermediate long-term value for money at current prices
 - l. High long-term value for money at current prices

**The CEPAC will vote on these questions if there is a net price available for these treatments by the time of the public meeting.*