



Treatment Options for Rheumatoid Arthritis: Effectiveness and Value

Voting Questions for March 24, 2017 Public Meeting

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

Patient population for all voting questions: Patients age 18 and older with moderately-to-severely active rheumatoid arthritis and inadequate response to or intolerance of conventional DMARDs.

Comparative Effectiveness of Targeted Immune Modulators as Monotherapy:

1. Is the evidence adequate to demonstrate that the net health benefit of tocilizumab monotherapy is superior to that provided by adalimumab monotherapy?

Yes No

2. Is the evidence adequate to demonstrate that the net health benefit of sarilumab monotherapy is superior to that provided by adalimumab monotherapy?

Yes No

3. Is the evidence adequate to distinguish the net health benefit between tocilizumab monotherapy and sarilumab monotherapy?

Yes No

4. Is the evidence adequate to demonstrate that the net health benefit of tofacitinib monotherapy is superior to that provided by adalimumab monotherapy?

Yes No

5. Is the evidence adequate to demonstrate that the net health benefit of baricitinib monotherapy is superior to that provided by adalimumab monotherapy?

Yes No

6. Is the evidence adequate to distinguish the net health benefit between tofacitinib monotherapy and baricitinib monotherapy?

Yes No

Comparative Effectiveness of Targeted Immune Modulators in Combination With cDMARDs:

7. Is the evidence adequate to demonstrate that the net health benefit of tocilizumab + cDMARD therapy is superior to that provided by adalimumab + cDMARD therapy?

Yes No

8. Is the evidence adequate to demonstrate that the net health benefit of sarilumab + cDMARD therapy is superior to that provided by adalimumab + cDMARD therapy?

Yes No

9. Is the evidence adequate to distinguish the net health benefit between tocilizumab + cDMARD therapy and sarilumab + cDMARD therapy?

Yes No

10. Is the evidence adequate to demonstrate that the net health benefit of tofacitinib + cDMARD therapy is superior to that provided by adalimumab + cDMARD therapy?

Yes No

11. Is the evidence adequate to demonstrate that the net health benefit of baricitinib + cDMARD therapy is superior to that provided by adalimumab + cDMARD therapy?

Yes No

12. Is the evidence adequate to distinguish the net health benefit between tofacitinib + cDMARD therapy and baricitinib + cDMARD therapy?

Comparative Value of Targeted Immune Modulators (TIM):

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 for tocilizumab monotherapy in comparison to adalimumab monotherapy?

Low

Intermediate

High

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 for tocilizumab + cDMARD therapy in comparison to adalimumab + cDMARD therapy?

Low

Intermediate

High

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 for tofacitinib monotherapy in comparison to adalimumab monotherapy?

Low

Intermediate

High

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 for tofacitinib + cDMARD therapy in comparison to adalimumab + cDMARD therapy?

Low

Intermediate

High