Committee to Evaluate Drugs (CED)

Recommendations and Reasons

Document Posted: January 2016

Azilsartan medoxomil

Product: azilsartan medoxomil (Edarbi®)

Class of Drugs: angiotensin II receptor blocker

Reason for Use: hypertension (high blood pressure)

Manufacturer: Takeda Canada Inc.

Date of Review: January 15, 2014

CED Recommendation

The CED recommended that azilsartan medoxomil (Edarbi®) not be funded. Although azilsartan medoxomil has been shown to be effective in reducing blood pressure, there are no clinical trial data to demonstrate that this drug improves clinically important outcomes such as reduction in mortality, heart attack, and stroke. The Committee noted that some of the other less expensive funded alternatives are supported by more robust outcome data, and therefore, this drug does not fill any clinical care gap.

Executive Officer Decision*

Based on the CED's recommendation, the Executive Officer decided not to fund azilsartan medoxomil (Edarbi®).

Funding Status*

Not funded through the Ontario Public Drug Programs.

** This information is current as of the posting date of the document. For the most up-to-date information on Executive Officer decision and funding status, see: www.health.gov.on.ca/en/pro/programs/drugs/status_single_source_subm.aspx.*

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Highlights of Recommendation:

- Three clinical studies in adults with mild to moderate essential hypertension support that azilsartan medoxomil is effective in reducing blood pressure.
- There are no clinical trials to show that azilsartan medoxomil improves clinically important outcomes such as reducing heart attack, stroke or death.
- At the submitted price, azilsartan medoxomil costs $1.19 per day, which is more expensive than other agents from the same drug class.
- Many blood pressure medications are already funded and azilsartan medoxomil does not fill any clinical care gap.

Background:

High blood pressure (hypertension) affects one in five Canadians. Untreated, high blood pressure can lead to heart attack, stroke and kidney failure. Risk factors include excess weight, lack of exercise, unhealthy diet, stress, and excessive alcohol consumption. Modifying these risk factors is the first approach in managing high blood pressure. Medications are used to manage patients who have high blood pressure despite lifestyle changes.

There are several types of medication used to treat high blood pressure. These include diuretics, beta-blockers, angiotensin-converting enzyme inhibitors (ACEIs), angiotensin-II receptor blockers (ARBs), calcium channel blockers, alpha-blockers, vasodilators and central-acting agents. The standard approach is to prescribe one drug at a time. A second drug is usually added only if the first drug is not effective or the patient experiences side effects at higher doses of the first drug.

Detailed Discussions:

- For this evaluation, the CED considered:
    - Findings of the Common Drug Review (CDR) and the recommendation of the Canadian Drug Expert Committee (CDEC);
    - Information in the manufacturer's submission;
    - A patient group submission received by the CDR;
- The Committee reviewed three double-blind, randomized controlled trials in adults with mild to moderate essential hypertension, the TAK-491-301, TAK-536-CCT-001, and TAK-536-CCT-005 studies.
- TAK-536-CCT-001and TAK-536-CCT-005 assessed the effectiveness and safety of azilsartan versus candesartan, while TAK-491-301 compared azilsartan medoxomil 40mg or 80mg once daily to valsartan 320mg once daily. *(Azilsartan medoxomil is a prodrug and is converted into azilsartan, the active form of the drug, in the body. Azilsartan medoxomil, candesartan and valsartan belong to the same class of blood pressure medications known as angiotensin-II receptor blockers.)*
- The focus of the CED's review was the TAK-491-301 study because this study investigated the Health Canada-approved formulation and dosing of the drug, i.e., azilsartan medoxomil

40 mg and 80 mg per day.

- The three studies demonstrated that azilsartan medoxomil or azilsartan 40 mg or 80 mg once daily were superior to placebo, valsartan 320 mg and candesartan 12 mg in lowering systolic blood pressure and diastolic blood pressure from baseline over a period of up to 24 weeks.
- There are no clinical trials evaluating the effect of azilsartan medoxomil on clinical important outcomes such as reduction in mortality, heart attack and stroke. The CED noted that clinical outcomes data are available to support the use of some of the other funded alternatives.
- At the submitted price, azilsartan medoxomil costs $1.19 per day, which is more expensive than other angiotensin-II receptor blockers.
- The Committee noted that many blood pressure medications are already funded, including several other angiotensin-II receptor blockers and angiotensin-converting enzyme inhibitors, and azilsartan medoxomil does not fill any clinical care gap.
- The CED reviewed one patient group submission received by the CDR. The patient submission outlined the health risks associated with high blood pressure and emphasized the need for patient adherence to treatment.
- Overall, although azilsartan medoxomil has been shown to be effective in reducing blood pressure, there are no clinical trial data to demonstrate this drug improves clinically important outcomes. Some of the other funded blood pressure medications are supported by more robust data, this drug does not fill any clinical care gap, and it is more expensive.

Committee to Evaluate Drugs (CED)

The Committee to Evaluate Drugs (CED) is comprised of practicing physicians, pharmacists, health economists, and patient representatives. In conducting its review, the CED considers data contained in the drug manufacturer's submission, input provided by patient groups, findings from the national Common Drug Review and the pan-Canadian Oncology Drug Review, and other scientific information as necessary.

For more information, please contact:

Ministry of Health and Long-Term Care

Ontario Public Drug Programs

Hepburn Block, 9th Floor

80 Grosvenor Street, Queen's Park

Toronto, Ontario M7A 1R3

www.health.gov.on.ca/en/pro/programs/drugs/