CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

cariprazine (Vraylar Resubmission)

(AbbVie Corporation)

Indication: For the treatment of schizophrenia in adults.

August 1, 2024

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0827
Name of the drug and Indication(s)	Cariprazine (Vraylar) for the treatment of schizophrenia in adults
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	X
	No requested revisions	☐

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.
Guidance is needed for reimbursement condition 2 to define “treatment-resistant schizophrenia”.

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0827-000
Brand name (generic)	VRAYLAR® (cariprazine)
Indication(s)	Treatment of schizophrenia in adults.
Organization	AbbVie Corporation
Contact information[a]	[redacted]

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

AbbVie agrees with the committee's recommendation that VRAYLAR (cariprazine) be reimbursed for the treatment of schizophrenia in adults based on the criteria used by each of the public drug plans for initiation, renewal, and prescribing of other atypical antipsychotics (AAPs) currently reimbursed for the treatment of schizophrenia (in line with the reimbursement conditions outlined in Table 1 of the recommendation document). AbbVie is encouraged to see the Canadian Drug Expert Committee's (CDEC) comments acknowledging: i) the significant burden faced by schizophrenia patients; ii) the need for additional options for individualized treatment for this heterogenous disease area; and iii) the potential benefit that VRAYLAR can offer patients, particularly around its tolerability profile, long-acting oral formulation, and efficacy in negative symptoms and cognition. These conclusions are consistent with those from the positive INESSS recommendation for VRAYLAR from 2022.

AbbVie is pleased that there is now an opportunity for equitable access to VRAYLAR across Canada with this positive CDA recommendation, especially considering that "*CDEC noted the importance of considering health equity in health systems implementation of treatment for an equity-deserving and historically marginalized patient population.*"

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

During review of the draft recommendation prior to posting for stakeholder feedback, AbbVie flagged a reporting error regarding the last bullet point under *Discussion Points* on pg. 5: *"The committee noted that based on the sponsor's indirect comparison and economic model, cariprazine may be less effective than several atypical antipsychotics available for the treatment of schizophrenia, although limitations were noted with the indirect comparisons. In the sponsor's economic evaluation, based on the sequential analysis, cariprazine was dominated (i.e., more costly and less effective) by olanzapine, asenapine, quetiapine, paliperidone, lurasidone, and risperidone. Given this clinical uncertainty, further price reductions may be warranted."* Although CDA made an editorial change to include "*…although limitations were noted with the indirect comparisons…*", CDA noted in the response to the manufacturer that the "*text reflected the information submitted by the sponsor and reported in the Clinical and Pharmacoeconomic Reports.*" However, the above text is not representative of the evidence found in the Clinical and Pharmacoeconomic Reports and is

contradictory to reporting in other areas of the draft recommendation (namely, within the *Results* sub-section of the *Indirect Comparisons* section starting on pg. 15).

Indeed, the submitted network meta-analysis (NMA) does not support such conclusions. Rather, the NMA results, as reported on pgs. 16-17 of the draft recommendation and in the *Indirect Evidence* section (pg. 131-135) of the Clinical Review Report, shows no differences in efficacy versus most comparators, and also highlights some safety/ tolerability benefits. This is echoed within the *Rationale for the Recommendation* section (3rd paragraph on pg. 3), where CDEC noted *"In the updated NMA, there was no difference between cariprazine and other antipsychotics for outcome of change from baseline in PANSS total score, proportion of patients with 30% response, or relapse rate."* Therefore, it is not accurate to suggest VRAYLAR may be less effective than other AAPs. Moreover, given the similar efficacy, it is also not accurate to draw conclusions on whether VRAYLAR is dominated or dominant versus other AAPs. To ensure fair and balanced reporting, AbbVie is requesting the following editorial change to the last bullet point under *Discussion Points* on pg. 5: *"Given the uncertainty in the ITC and the lack of comparative evidence, it is difficult to conclude whether cariprazine is more or less cost-effective versus other atypical antipsychotics. There is insufficient clinical evidence to justify a price premium for cariprazine relative to currently available treatments for schizophrenia."*

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
No additional comments.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
No additional comments.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
No additional comments.		

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