CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

abemaciclib (Verzenio)

Eli Lilly Canada Inc.

Indication: In combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of disease recurrence based on clinicopathological features.

September 19, 2024

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0345-000
Brand name (generic)	(Verzenio) abemaciclib
Indication(s)	In combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of disease recurrence based on clinicopathological features.
Organization	Canadian Breast Cancer Network
Contact information[a]	Name: JK Harris

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

CBCN agrees with the recommendation to reimburse abemaciclib with conditions because of the unmet need for more treatments in this setting, as discussed in our patient submission. We also recognize the importance of evidence-based recommendations, and therefore reiterate that needing a Ki-67 score of greater than or equal to 20% to access abemaciclib has been highlighted as a barrier to accessing treatment funding in the past. As noted in our submission, a patient interviewed for our patient submission states:

> *"Verzenio is $7000 per month; too expensive. I cannot afford to pay that and my insurance doesn't cover the medication because it's not approved in Canada. But I don't understand why it can be approved in United States or UK and not approved here. That's what's very sad."*

> *"This is strange. Why some women in US, not some women, all of them , like stage I to IV, are using this medication, and here in Canada it's approved just for stage IV. For me, because I'm stage III and so many lymph nodes involved, my oncologist said that medication would be*

beneficial. For all the criteria for the drug plan and whatever the rules are, the tumour is big, the lymph nodes, there are lots of them, stage III. The only thing I didn't meet was the Ki 67. At the moment for Verzenio, you have to have a Ki67 higher than 20%, and mine is 18%. The US drug plan, this Ki67 criteria, they took it out. So I'm hoping Canada will do that sooner than later. Because all the trials, this medication is working and it's helping. It's helping us. I don't want to get to stage IV and then be offered this medication. Why not be proactive and do the treatment before?"

Further, Quebec has notified stakeholders of the intention to remove the criteria for Ki-67 score from eligibility criteria for abemaciclib. While this recommendation is still under consideration, should the recommendation be finalized, there would be a divergence between eligibility in Quebec, and that of the rest of the country. This raises concerns about equitable access nationally.

While we recognize that needing a Ki-67 score that is more than or equal to 20% to access abemaciclib is just one condition that needs to be met, meaning that those with a score less than 20% may still be able to access it if they fit other conditions, having this requirement still risks unequal access across Canada (Quebec versus the rest of Canada) and as compared to other jurisdictions around the world.

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	☐

We note that the recommendation demonstrates that individuals with a Ki-67 score of less than 20% may be able to access abemaciclib, but not in all circumstances. In line with what INESSS is considering, we welcome a CDA recommendation that takes into account the need for patients to

access this treatment without restrictive criteria related to Ki-67 scores. CBCN advocates for equitable treatment access nationally, and seeks a final recommendation that reflects this call for equitable access nationally.

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☒
We note that given the benefit to patients, we welcomed a final recommendation that more firmly recommends access to Ki-67 testing across all jurisdictions.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		

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

Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.

A. Patient Group Information	
Name	*JK Harris*
Position	*Health Policy and Advocacy Lead*
Date	*September 16, 2024*
☒	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☐
	Yes	☒
Yes – CBCN sought the input of our medical advisory board in preparation for our feedback.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 2	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 3	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0345-000
Brand name (generic)	Verzenio (abemaciclib)
Indication(s)	HR-positive, HER2-negative early breast cancer
Organization	Rethink Breast Cancer
Contact information[a]	Name: Jenn Gordon

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Rethink appreciates that the recommendations made by the committee acknowledge that removing the Ki-67 requirement increases access for patients with a high risk of recurrence.		

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	☐
If not, what aspects are missing from the draft recommendation?		

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		

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

Appendix 1. Conflict of Interest Declarations for Patient Groups

A. Patient Group Information	
Name	*Jenn Gordon*
Position	*Lead Strategic Operations & Engagement*
Date	*09-09-2024*
☒	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0345
Brand name (generic)	abmaciclib
Indication(s)	In combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of disease recurrence based on clinicopathological features
Organization	OH (CCO) Breast Cancer Drug Advisory Committee
Contact information[a]	Name: Dr. Andrea Eisen

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale. Repeat radiologic staging after surgery is not routine.		

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	☐
If not, what aspects are missing from the draft recommendation?		

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification. In part a) of "Considerations for initiation of therapy", it should be reiterated, that for patients with 1-3 positive nodes, not high grade, and not greater than 5 cm, still requires Ki-67 testing.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		

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

Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.
- For conflict of interest declarations:
  - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
  - Please note that declarations are required for each clinician that contributed to the input.
  - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
  - Please add more tables as needed (copy and paste).
  - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
2. Did you receive help from outside your clinician group to complete this submission?	No	☐
	Yes	☒
If yes, please detail the help and who provided it. OH (CCO) provided a secretariat function to the group.		
3. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
4. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	No	☐
	Yes	☒
If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Andrea Eisen		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
Conflict of Interest Declaration	

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 2	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☐	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 3	
Name	*Please state full name*
Position	*Please state currently held position*
Date	*Please add the date form was completed (DD-MM-YYYY)*
☒	**I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0345
Name of the drug and Indication(s)	**Abemaciclib** in combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of disease recurrence based on clinicopathological features
Organization Providing Feedback	PAG

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. In table 1, under 1. Initiation, PAG suggested adding the following statement under: "For greater clarity, those with 1 to 3 positive ALN with grade 3 disease or with a primary tumor size equal to or greater than 5 cm DO NOT require ki-67 testing".

In table 1 (2.1), PAG wanted to add exclusion criteria from abemaciclib's past review if they still apply: e.g., inflammatory breast cancer, prior treatment with a CDK4/6 inhibitor.
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. In table 2 under Relevant Comparators, PAG suggested updating the following sentence to mirror the description from the trial: "However, for patients with 1-3 positive ALN, *histologic grade 1 or 2 disease, and tumour size < 5cm*, Ki-67 >=20% (as described in Cohort 2 in the MonarchE trial and representing 10% of the included participants) is required to access abemaciclib, therefore ongoing access to Ki-67 testing is still required in this subgroup of patients". In table 2 under Relevant Comparators, PAG asked to omit "or try to sequence the drugs" in the sentence: "The clinical experts stated that most clinicians use abemaciclib, but some use olaparib or try to sequence the drugs." PAG also suggested adding a statement regarding the lack of evidence supporting drug sequencing of abemaciclib and olaparib if this was noted by pERC.

Outstanding Implementation Issues

In the event of a positive draft recommendation, drug programs can request further implementation support from CADTH on topics that cannot be addressed in the reimbursement review (e.g., concerning other drugs, without sufficient evidence to support a recommendation, etc.). Note that outstanding implementation questions can also be posed to the expert committee in Feedback section 4c.

Algorithm and implementation questions
1. Please specify sequencing questions or issues that should be addressed by CADTH (oncology only)
1. The algorithm needs to be updated (rapid algorithm). 2.
2. Please specify other implementation questions or issues that should be addressed by CADTH
1. 2.
Support strategy
3. Do you have any preferences or suggestions on how CADTH should address these issues?

May include implementation advice panel, evidence review, provisional algorithm (oncology), etc.

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0345-000
Brand name (generic)	VERZENIO® (abemaciclib)
Indication(s)	In combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of disease recurrence based on clinicopathological features.
Organization	Eli Lilly Canada Inc.
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale. Eli Lilly is aligned with CDA-AMC's reimbursement recommendation for Verzenio® for the adjuvant treatment of adult patients with hormone receptor -positive (HR+), human epidermal growth factor receptor 2 -negative(HER2-), node-positive, early breast cancer at high risk of disease recurrence based on clinicopathological features, which is consistent with the Health Canada's approved indication.		

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	☐
If not, what aspects are missing from the draft recommendation?		

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		

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