Canada's Drug Agency
L'Agence des médicaments du Canada

CDA-AMC REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

exagamglogene autotemcel (Casgevy)

(Vertex Pharmaceuticals (Canada) Incorporated)

Indication: Casgevy (exagamglogene autotemcel) is an autologous genome edited hematopoietic stem cell-based therapy indicated for the treatment of patients 12 years of age and older with: • sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs)

November 28, 2024

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SG0830-000; SG0831-000
Brand name (generic)	Exagamglogene Autotemcel (Casgevy)
Indication(s)	Sickle Cell Disease, Thalassemia Disease
Organization	Global Action Network for Sickle Cell & Other Inherited Blood Disorders (GANSID)
Contact information[a]	Name: Lanre Tunji-Ajayi, M.S.M

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.

Text from the Recommendation: Under Reimbursement Conditions and Reasons

For Thalassemia Disease-
Reimbursement Conditions: Patients must not have an available and willing 10/10 HLA-matched Related Donor
Reason #1: Climb-111 Excluded Patients with an available 10/10 HLA-matched related donor

For Sickle Cell Disease-
Reimbursement Conditions: Patients Must Not Have an Available and Willing 10/10 HLA-Matched Related Donor
Reason #2: Climb-121 Excluded Patients with an Available 10/10 HLA-matched Related Donor

Rationale: The Global Action Network for Sickle Cell & Other Inherited Blood Disorders (GANSID) on behalf of its Canadian member organizations would like to thank the Canadian Drug Agency for the positive reimbursement recommendations of Exagamglogene Autotemcel (CASGEVY) for the treatment of patients 12 years of age and older with sickle cell disease (SCD) with recurrent Vaso-occlusive crises (VOCs), and the treatment of patients 12 years of age and older with transfusion-dependent -thalassemia (TDT).
At this time, the GANSID and its member organizations have conferred and agreed with most of the CASGEVY reimbursement conditions for the treatment of SCD and Thalassemia. However, we are of the opinion that while the Climb-111 study in Thalassemia and Climb-121 study in SCD excluded patients with an available 10/10 HLA-matched related donor; the CDA's recommendations should not limit access of patients (with available 10/10 HLA-matched related donor) to the autologous stem cell transplantation (CASGEVY) procedure.

Canadians should be able to freely choose a preferred type of treatment (carefully weighing risks, outcomes and implications) regardless of availability of another form of treatment.

Stem Cell Transplantations are delicate and life changing procedures warranting patients to carefully make their decisions (based on their own personal situations and health conditions, cautiously determining what is best for them and their loved ones) before embarking on this journey.

As such, having a choice on the type of curative therapy they receive is a very important factor to influence their decision-making process.

For this reason, we are recommending that CDA update its reimbursement conditions to ensure Canadians with SCD and Thalassemia have access to the autologous stem cell transplantation (CASGEVY) irrespective of if they have available a 10/10 HLA-matched related donor.

Name of Patient Group: Global Action Network for Sickle Cell & Other Inherited Blood Disorders (GANSID) on behalf of its Canadian member organizations listed below.

1. Thalassemia Foundation of Canada
2. Sickle Cell Awareness Group of Ontario (SCAGO)
3. Sickle Cell Awareness Network of Saskatchewan
4. Sickle Cell Disease Association of Atlantic Provinces

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? The missing aspects is around the feedback from patients in our original submission that the therapy should be available to all patients with sickle cell and thalassemia disorders regardless of if they have a 10/10 HLA-matched related donor.		
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

- 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	Lanre Tunji-Ajayi, M.S.M
Position	Chief Executive Officer
Date	Please add the date form was completed (28-11-2024)
☒	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. Where 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
Vertex Inc	☐	☐	☐	☒
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SG0830-000
Brand name (generic)	Exagamglogene autotemcel (Casgevy)
Indication(s)	For the treatment of patients 12 years of age and older with sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs)
Organization	NotJustYou Foundation
Contact information[a]	Name: Ufuoma Muwhen

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.

NotJustYou and our patient community fully supports the draft recommendation from Canada's Drug Agency (CDA) for exagamglogene autotemcel (Casgevy) for several key reasons, all of which align with the community's concerns and needs. Below is a breakdown of why NotJustYou agrees with the recommendation, referencing the specific aspects of the draft recommendation and its rationale:

Age Range for Eligibility (12 and Older):

Community Concern

- Many individuals in the sickle cell community were worried that the age restriction of 12-35 years from the trial sample would exclude a significant portion of patients who could benefit from the treatment.

Support for the Recommendation

- The draft recommendation, however, proposes eligibility for patients aged 12 years and older without an upper age limit, which is a positive development for the community.
- It states: "CDEC recommended that patients 12 years of age or older should be eligible for treatment with exagamglogene autotemcel, as several patients beyond 35 years are likely to benefit from treatment."
- This change ensures that more individuals within the sickle cell community, particularly older patients, will have access to this treatment.

Price Reduction (39%):

Community Concern

- Given the high cost of the treatment, NotJustYou is concerned that some provinces, particularly those with more conservative healthcare approaches, might hesitate to approve such an expensive drug.

Support for the Recommendation

- The draft recommendation clearly acknowledges the financial feasibility concerns and the need for price reductions.
- The CDA notes: "A price reduction of at least 39% would be required for exagamglogene autotemcel to be considered cost-effective at a $50,000 per QALY threshold."
- NotJustYou supports this recommendation because it improves the likelihood of approval across all Canadian provinces, ensuring that the drug is accessible to those who need it while remaining within reasonable healthcare budgets.

Multidisciplinary Support and Follow-up Care:

Community Concern

- One of the challenges that sickle cell patients often face is the lack of coordinated care, which can lead to negative drug treatment experiences or patients falling through the cracks.

Support for the Recommendation

- The recommendation's inclusion of a multidisciplinary support system during treatment and follow-up care is crucial for patient success.
- The document states: "Treatment with exagamglogene autotemcel requires an initial inpatient course... Patients should ideally be supported throughout hospitalization and follow-up by a multidisciplinary team, which would also include a pain specialist and a psychologist or social worker."
- This holistic support approach addresses NotJustYou's concern about the comprehensive care needed for a positive treatment experience, ensuring both physical and emotional well-being for patients.

Overall, NotJustYou agrees with the draft recommendation because it offers a balanced and accessible treatment option that prioritizes both patient safety and financial feasibility. The changes in eligibility age, price reduction, and the emphasis on support systems align with the organization's values and the needs of the sickle cell community.

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.

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- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.

A. Patient Group Information	
Name	*NotJustYou Foundation*
Position	*Edmonton, Alberta, Canada*
Date	*27-11-2024*
☒	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 Provisional Funding Algorithm
Feedback on Draft Report

Stakeholder information	
CADTH project number	SG0830-000
Condition under review	Sickle cell disease
Organization	CanHaem
Contact information	Name: Dr. Hayley Merkeley Title: Physician Email: [redacted] Phone: [redacted]

[a] CADTH may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by CADTH.

SECTION 1: IMPLEMENTATION ADVICE
For reports without implementation advice, skip to Section 2

Stakeholder agreement with the draft provisional funding algorithm

1. Please indicate if the stakeholder agrees with the implementation advice.	Yes	☒
	No	☐

Please explain why the stakeholder agrees or disagrees with the draft advice.

CanHaem agrees with the decision to fund exagamglogene autotemcel (Casgevy) for sickle cell disease and the outlined reimbursement conditions. But, we would like to also highlight the need to include as eligible patients with sickle cell disease who have been stabilized on chronic simple or exchange transfusions even if they have not had a VOC within 2 years.

We are also in agreement with the CDEC's acknowledgement that implementation requires additional infrastructure investment in adult and pediatric transplant centres and hemoglobinopathy programs across the country (reimbursement consideration 7).

Implementation advice panel consideration of the stakeholder input

2. Does the draft advice demonstrate that the panel has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐

If not, what aspects are missing from the draft advice?

CanHaem feels the organizational and expert clinician voices were well represented in the report.

Clarity of the draft implementation advice

3. Are the reasons for the panel's advice clearly stated in the draft report?	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 draft report?	Yes	☒
	No	☐

If not, please provide details regarding the information that requires clarification.

Important barriers for implementation including transplant and hemoglobinopathy center infrastructure development, access to fertility preservation, and need for geographic equity in accessibility have been addressed in the report.

SECTION 2: PROVISIONAL FUNDING ALGORITHM

Stakeholder agreement with the draft provisional funding algorithm

5. Please indicate if the stakeholder agrees with the draft provisional funding algorithm.	Yes	☒
	No	☐

Please explain why the stakeholder agrees or disagrees with the draft algorithm.

CanHaem agrees with the draft algorithm which takes a well-rounded perspective on this transformational therapy. We feel that key stakeholder opinions were adequately represented (eg. patient organizations, clinicians). We agree that a price reduction is necessary for jurisdictions to implement Casgevy, as significant resources will need to be invested to support transplant and hemoglobinopathy centers along the therapeutic journey.

Whenever possible, please identify the specific element from the algorithm and the rationale. Note that algorithms are based on CADTH pERC recommendations, CADTH implementation advice, and the historical jurisdictional funding context.

Clarity of the draft provisional funding algorithm		
6. Is the proposed provisional algorithm clearly represented and described in the draft report?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		

Appendix 1. Conflict of Interest Declarations for Patient Groups

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- CADTH may contact your group with further questions, as needed.

A. Patient Group Information	
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 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	☐	☐	☐	☐

Appendix 2. Conflict of Interest Declarations for Clinician Groups

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- CADTH may contact your group with further questions, as needed.
- 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.		
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 algorithm process 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. Hayley Merkeley • Dr. Lauren Bolster • Dr. Catherine Corriveau- Borque		

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	☐	☐	☐	☐

New or Updated Declaration for Clinician 4	
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 5	
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

CDA Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SG0830-000
Brand name (generic)	Casgevy (exagamglogene autotemcel)
Indication(s)	For the treatment of patients 12 years of age and older with sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs)
Organization	Cell Therapy Transplant Canada (CTTC)
Contact information[a]	Kylie Lepic – CTTC President

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

CTTC suggests edits to two recommendations:

Reimbursement condition 1.2. Suggest:
"History of ≥2 severe VOC events per year during the previous 2 years or in the 2 years prior to initiation of a chronic transfusion program in the absence of ongoing VOC."

CTTC recognizes that our initial recommendation suggested excluding those who stabilized on chronic transfusions without VOC events. After discussion with the Canadian Haemoglobinopathy Association we have revised our recommendation due to the burden of lifelong chronic transfusion. We would like to add that exa-cel is **strongly** recommended in this situation to emphasize the benefit to these patients.

Reimbursement condition 8. Suggest:

"Exagamglogene autotemcel should only be prescribed by a hematologist with expertise in SCD and cellular therapy."

Expert knowledge of SCD and cellular therapy are required for delivery of myeloablative busulfan and this product.

Reimbursement condition 12:
Another required resource that should be mentioned in this section is access/infrastructure to fertility preservation options (gamete or embryo banking etc). These are young patients and fertility concerns should be addressed proactively.

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	☐

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐

4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

The request for a lower price based on existing data and potential cost savings are noted. If the sponsor declines, would CDA re-engage stakeholders?

A statement should be added to the effect that the recommendations should be reviewed in 5 and 10 years, as long-term data on exa-cel recipients become available. This may impact the exclusion of patients with allogeneic stem cell transplant donor availability and the selection of patients based on age, severity of VOC, etc.

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

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  - 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		
1. Did you receive help from outside your clinician group to complete this submission?	No	☒
	Yes	☐
All HCT program directors have had an opportunity to provide input on this response and it has been reviewed by the CTTC Board of Directors.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
B. Previously Disclosed Conflict of Interest		
3. 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: • Gregory Guilcher • Rajat Kumar • Imran Ahamd • Mona Shafey • Gizelle Popradi • Ashley Chopek		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	Harold Atkins
Position	Physician, The Ottawa Hospital Transplant and Cell Therapy Program
Date	26-11-2024

☒	**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**
Editas Medicine Inc. – reimbursement to my institution of research costs for care provided through participation in the RUBY trial: a phase 1/2 study to evaluate the safety and efficacy of a single dose of autologous clustered regularly interspaced short palindromic repeats gene-edited CD34+ human hematopoietic stem and progenitor cells (EDIT-301) in subjects with severe sickle cell disease.	☐	☐	☐	☒

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SG0830
Name of the drug and Indication(s)	Casgevy – Sickle Cell Disease
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
For condition 2, the trial only required this for enrolment in the trial for those 12-16 years, but is there not a similar concern in individuals > 16? This is a screening tool for ischemic stroke risk in SCD, highest risk between 2-20 years. Study exclusion criteria included history of abnormal transcranial Doppler for patients 12-18 years of age. Should this also be a consideration for initiation? For condition 6, Should significant immunodeficiency disorder be more clearly defined? For the reason of condition 7, can the reason for excluding prior HSCT also be specified?

For the reason of condition 10, CDA-AMC was unable to provide a more reliable estimate of the cost-effectiveness of Casgevy. Thus, the only pharmacoeconomic modelling and cost-effectiveness estimates available are from the manufacturer. The drug plans has concerns that the cited price reduction, 39%, is underestimated. If possible, provide some additional commentary on how the following would impact the cost effectiveness estimates: Time horizon, VOC resolution, Life years gained, SoC comparison, and SCD complications.
c) Implementation guidance
Can the implementation guidance for condition 1 be bulleted

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. 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.

CDA-AMC Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SG0830
Brand name (generic)	CASGEVY® (exagamglogene autotemcel)
Indication(s)	Treatment of patients 12 years of age and older with sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs)
Organization	Vertex Pharmaceuticals (Canada) Inc.
Contact information[a]	Name: Amanda Allard, Associate Director, Pricing & Market Access Email: [redacted] Phone: [redacted] Mailing Address: 20 Bay Street, Suite 1520 Toronto, ON, Canada M5J 2N8

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Overall, Vertex agrees with the CDEC recommendation. However, Vertex does not agree with the utilization of a fixed willingness-to-pay (WTP) threshold of $50,000 per QALY that does not take into account health disparities as the basis for determining cost-effectiveness of a one-time treatment option for patients with a rare disease, especially sickle cell disease.		
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	☐
Vertex does not have any further comment.		
Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
Vertex does not have any further comment.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
Overall, Vertex agrees that the reimbursement conditions are clearly stated. Vertex would like to note that implementing CASGEVY will not require brand-new infrastructure to be established within the healthcare system; rather, the treatment journey for CASGEVY will leverage processes that already exist in centers that currently perform hematopoietic stem cell transplant (HSCT). Vertex has confirmed with transplanters and hematologists at various centres across Canada that although CASGEVY is an innovative therapy with a unique treatment journey, most of the various steps within the CASGEVY treatment journey can already be performed by dedicated teams experienced with HSCT.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

Vertex does not have any further comment.

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