The New CADTH Oncology Drug Implementation Advice Process

Balancing Uncertainty with Decision Needs

Louis de Léséleuc, MSc, PhD,[1] Marianne Taylor, MD, FRCP, MBA[2]

[1] Manager, Pharmaceutical Reviews, CADTH
[2] BC Cancer; CADTH pCODR Expert Review Committee

Introduction

In its recommendations, the CADTH pCODR Expert Review Committee (pERC) addresses a variety of implementation issues that are raised by provincial oncology drug programs, including questions of patient eligibility, dosing and administration. However, some special issues fall beyond the scope of single-drug reimbursement recommendations and must be handled differently by CADTH.

For example, the introduction of a new drug, or new use of a drug, in clinical practice may have far-reaching consequences on how other treatments are offered. Decision-makers must consider the implications of CADTH drug reimbursement recommendations on the sequence of therapies that may be given before patients become eligible for the drug and when the patient no longer benefits from it and must seek alternative options. This situation is particularly prevalent in the cancer world, where many options may be offered to the patients along their journey.

To support the managers of provincial oncology drug programs, CADTH provides advice on organizing the reimbursement of oncology drugs in the shape of **provisional funding algorithms.** These are blueprints for identifying which drug therapies should be made available to patients at any given point of their journey. Algorithms combine findings of previous CADTH reviews and recommendations, the use of historical treatments, and the expertise of clinicians from across Canada. They are not meant to be detailed treatment guidelines and will only be produced by CADTH when oncology decision-makers ask for assistance, for instance in complex therapeutic areas.

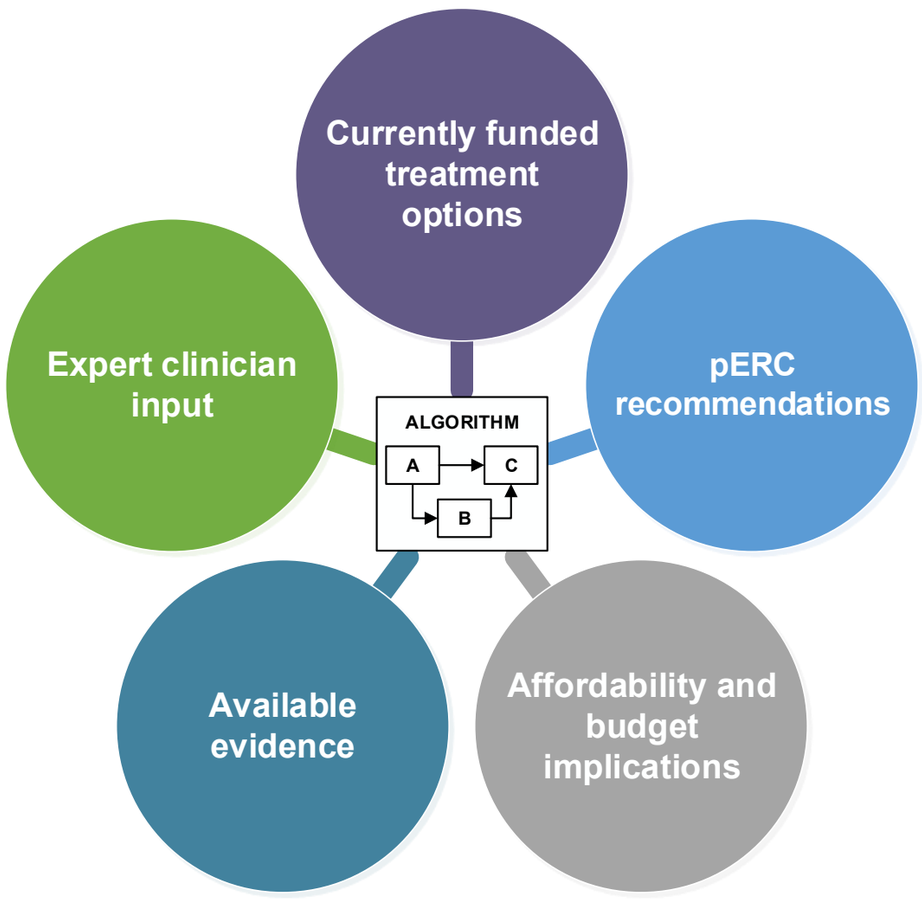
In addition, CADTH can provide more focused advice on issues that were not addressed by pERC but are still related to the implementation of a single drug, such as its use in understudied populations or clarifications on assessing patient eligibility. The procedures for developing implementation advice on single drugs or provisional algorithms follow a similar path.

As a core value, CADTH strives for transparency of the implementation advice process. Industry, patient and clinician stakeholders are invited to provide input into algorithm project and feedback on draft reports.

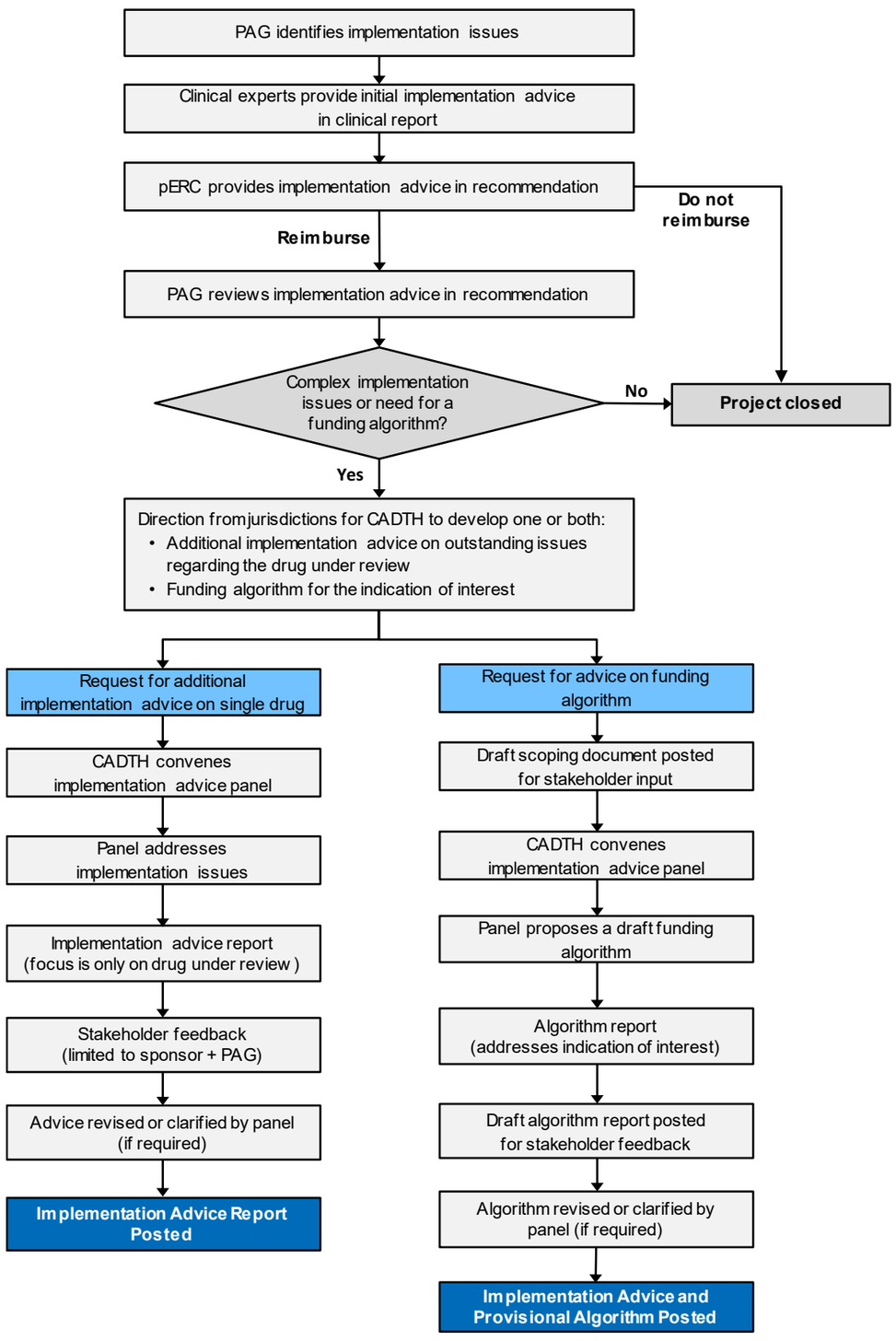
Guiding Principles

The overarching goal of CADTH Reimbursement Recommendations and Implementation Advice is to help public payers make informed decisions towards enhancing patient outcomes while safeguarding the economic sustainability of the healthcare system as a whole. As advisors of the public system, members of Implementation Advice panels bear in mind the risks, costs and benefits of the various potential avenues.

The elements below are considered by clinician panels when advising the jurisdictions on drug implementation and provisional funding algorithm.



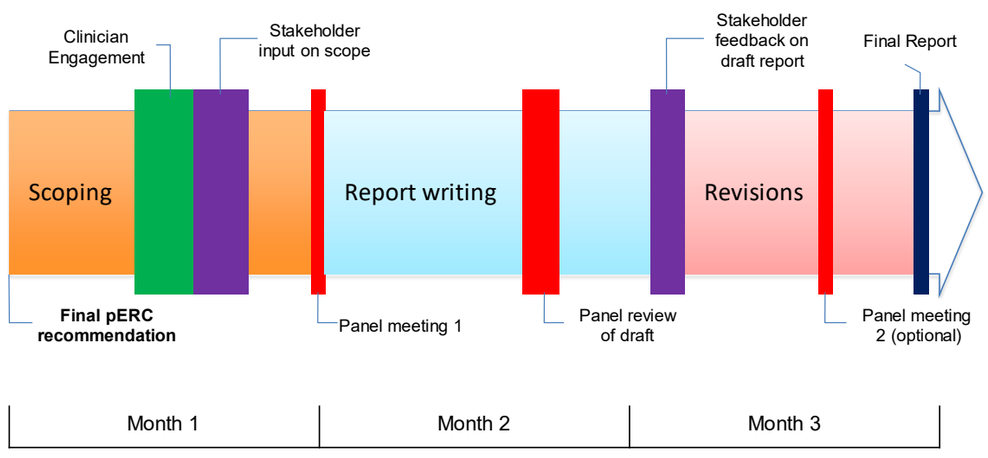
Process Flowchart



Scope and Limitations of Provisional Funding Algorithms

Target population	Patients entering the algorithm in the first line (incident patients)
Range of therapies	Drugs reimbursed or under consideration by jurisdictions. Non-drug therapies are not depicted unless they impact choice of drug therapy. Conventional therapies such as chemotherapy are not fully detailed.
Details on patient management	Limited to characteristics influencing selection of options from a funding perspective
Possible changes to algorithm in each project	Solely derived from advice on implementation issues specified in project scope
Alignment with jurisdictional policies	Nonbinding advice. Not a perfect reflection of funding across Canada.

Timeline

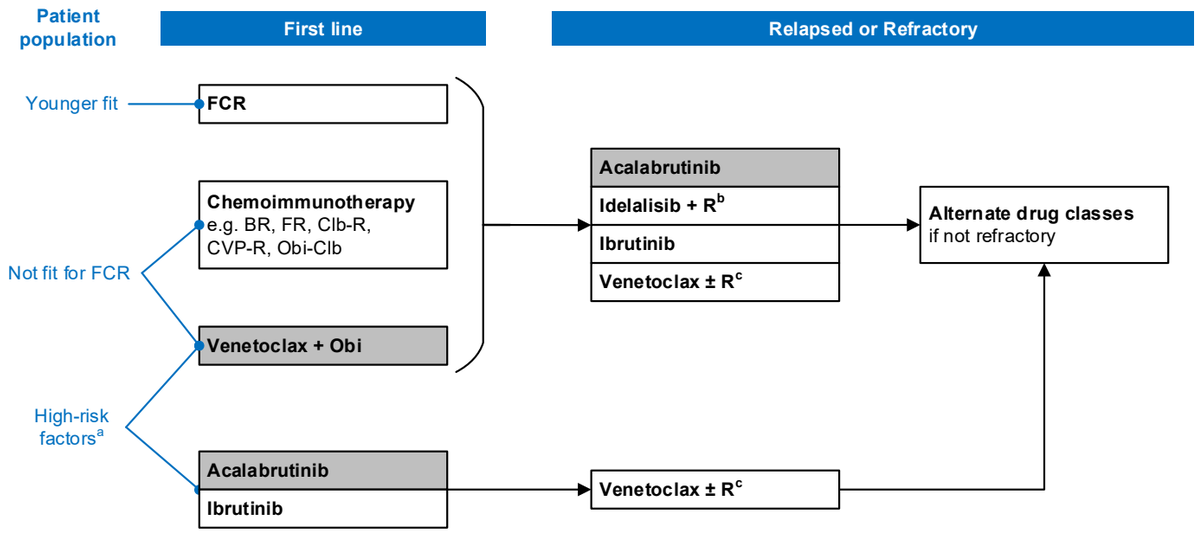


Completed Oncology Implementation Advice Projects

Condition	Date Completed	Time to completion (calendar days)[a]
B-cell precursor acute lymphocytic leukemia	February 24, 2021	93
Advanced hepatocellular carcinoma	April 21, 2021	93
Chronic lymphoblastic leukemia	May 13, 2021	107
Metastatic colorectal cancer	November 18, 2021[b]	98

[a] Time from posting of proposed scope to posting of final report
[b] Projected

Example: Chronic Lymphocytic Leukemia



Note: Re-treatment with venetoclax is allowed at the time of relapse if the progression-free interval was at least 12 months after completion of previous therapy. Rituximab-containing therapy may be offered at time of relapse contingent on a progression-free interval of at least six months from prior anti-CD20 therapy or if no prior anti-CD20 therapy.

[a] Including del(17p) alteration, TP53 mutation and unmutated IGHV
[b] Idelalisib-rituximab available only in cases of intolerance of a BTKi or for bridging to cellular therapy
[c] Venetoclax monotherapy only funded after failure of a BTKi

Legend

Therapy funded across most jurisdictions	Therapy under review for funding (pCPA or province/cancer agency)

The Way Forward

1. **Efficiency:** Implement changes to shorten timelines of algorithm projects
2. **Transparency**: Publish additional algorithms that may directly emerge from pERC recommendations, without additional implementation advice from a panel of clinicians
3. **Communication**: Clearly explain the scope and inherent limitations of provisional funding algorithms with all stakeholders
4. **Patient engagement**: Better incorporate patient perspective on sequencing in panel deliberations

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