

CADTH

pCODR

PAN-CANADIAN
ONCOLOGY DRUG REVIEW

pan-Canadian Oncology Drug Review

**Stakeholder Feedback on a pCODR Expert Review
Committee Initial Recommendation**

(Manufacturer)

**Venetoclax (Venclexta) Rituximab for Chronic
Lymphocytic Leukemia**

May 31, 2019

3 Feedback on pERC Initial Recommendation

Name of the Drug and Indication(s): VENETOCLAX In combination with rituximab for the treatment of patients with Chronic Lymphocytic Leukemia who have received at least one prior therapy

Eligible Stakeholder Role in Review
(Submitter and/or Manufacturer, Patient Group, Clinical Group): Submitter and Manufacturer
Organization Providing Feedback: Abbvie

**The pCODR program may contact this person if comments require clarification. Contact information will not be included in any public posting of this document by pCODR.*

3.1 Comments on the Initial Recommendation

a) Please indicate if the eligible stakeholder agrees, agrees in part, or disagrees with the Initial Recommendation:

agrees agrees in part Disagree

Please explain why the Stakeholder agrees, agrees in part or disagrees with the Initial Recommendation. If the Stakeholder agrees in part or disagrees with the Initial Recommendation, please provide specific text from the recommendation and rationale. Please also highlight the applicable pERC deliberative quadrants for each point of disagreement. The points are to be numbered in order of significance.

Abbvie agrees with the pERC recommendation of reimbursement of venetoclax (Venclexta) in combination with rituximab for the treatment of adult patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy, irrespective of their 17p deletion status.

Abbvie agrees with the pERC's statement that compared with bendamustine plus rituximab, there is a net clinical benefit of VEN+R based on a statistically significant and clinically meaningful improvement in PFS and a manageable toxicity profile in a patient population with a need for more effective treatment options.

Abbvie also agrees with the pERC conclusion that VEN+R provides additional treatment choice, delays disease progression, has manageable side effects and a fixed treatment duration, which is aligned with patient values.

Abbvie would like to acknowledge pCODR's statement relative to the fact that improvement in PFS was seen across all subgroups, including patients with a chromosome 17p deletion.

Abbvie agrees with pERC and CGP that IBR is currently the most relevant comparator in this setting which is also supported by the registered clinicians considering that BEN+R is not reimbursed in the majority of the provinces in R/R CLL.

Finally, Abbvie is in agreement with the conclusion of the EGP that: IBR was identified as the most relevant comparator; however, it is difficult to conclude the magnitude in incremental effectiveness of VEN+R versus IBR, if any. VEN+R in all scenarios remained cheaper than IBR (as per EGP reanalysis).

b) Please provide editorial feedback on the Initial Recommendation to aid in clarity. Is the Initial Recommendation or are the components of the recommendation (e.g., clinical and economic evidence) clearly worded? Is the intent clear? Are the reasons clear?

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity

3.2 Comments Related to Eligible Stakeholder Provided Information

Notwithstanding the feedback provided in part a) above, please indicate if the Stakeholder would support this Initial Recommendation proceeding to Final pERC Recommendation (“early conversion”), which would occur two (2) Business Days after the end of the feedback deadline date.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Support conversion to Final Recommendation. | <input type="checkbox"/> Do not support conversion to Final Recommendation. |
| Recommendation does not require reconsideration by pERC. | Recommendation should be reconsidered by pERC. |

If the eligible stakeholder does not support conversion to a Final Recommendation, please provide feedback on any issues not adequately addressed in the Initial Recommendation based on any information provided by the Stakeholder in the submission or as additional information during the review.

Please note that new evidence will be not considered at this part of the review process, however, it may be eligible for a Resubmission. If you are unclear as to whether the information you are providing is eligible for a Resubmission, please contact the pCODR program.

Additionally, if the eligible stakeholder supports early conversion to a Final Recommendation; however, the stakeholder has included substantive comments that requires further interpretation of the evidence, the criteria for early conversion will be deemed to have not been met and the Initial Recommendation will be returned to pERC for further deliberation and reconsideration at the next possible pERC meeting.

Page Number	Section Title	Paragraph, Line Number	Comments related to Stakeholder Information

About Completing This Template

pCODR invites the Submitter, or the Manufacturer of the drug under review if they were not the Submitter, to provide feedback and comments on the initial recommendation made by pERC. (See www.cadth.ca/pcodr for information regarding review status and feedback deadlines.)

As part of the pCODR review process, the pCODR Expert Review Committee makes an initial recommendation based on its review of the clinical, economic and patient evidence for a drug. (See www.cadth.ca/pcodr for a description of the pCODR process.) The initial recommendation is then posted for feedback and comments from various stakeholders. The pCODR Expert Review Committee welcomes comments and feedback that will help the members understand why the Submitter (or the Manufacturer of the drug under review, if not the Submitter), agrees or disagrees with the initial recommendation. In addition, the members of pERC would like to know if there is any lack of clarity in the document and if so, what could be done to improve the clarity of the information in the initial recommendation. Other comments are welcome as well.

All stakeholders have 10 (ten) business days within which to provide their feedback on the initial recommendation and rationale. If all invited stakeholders agree with the recommended clinical population described in the initial recommendation, it will proceed to a final pERC recommendation by 2 (two) business days after the end of the consultation (feedback) period. This is called an “early conversion” of an initial recommendation to a final recommendation.

If any one of the invited stakeholders does not support the initial recommendation proceeding to final pERC recommendation, pERC will review all feedback and comments received at the next possible pERC meeting. Based on the feedback received, pERC will consider revising the recommendation document as appropriate. It should be noted that the initial recommendation and rationale for it may or may not change following consultation with stakeholders.

The final pERC recommendation will be made available to the participating provincial and territorial ministries of health and cancer agencies for their use in guiding their funding decisions and will also be made publicly available once it has been finalized.

Instructions for Providing Feedback

- a) Only the group making the pCODR Submission, or the Manufacturer of the drug under review can provide feedback on the initial recommendation.
- b) Feedback or comments must be based on the evidence that was considered by pERC in making the initial recommendation. No new evidence will be considered at this part of the review process, however, it may be eligible for a Resubmission.
- c) The template for providing *Submitter or Manufacturer Feedback on pERC Initial Recommendation* can be downloaded from the pCODR website. (See www.cadth.ca/pcodr for a description of the pCODR process and supporting materials and templates.)
- d) At this time, the template must be completed in English. The Submitter (or the Manufacturer of the drug under review, if not the Submitter) should complete those sections of the template where they have substantive comments and should not feel obligated to complete every section, if that section does not apply. Similarly, the Submitter (or the Manufacturer of the drug under review, if not the Submitter) should not feel restricted by the space allotted on the form and can expand the tables in the template as required.

- e) Feedback on the pERC Initial Recommendation should not exceed three (3) pages in length, using a minimum 11 point font on 8 ½" by 11" paper. If comments submitted exceed three pages, only the first three pages of feedback will be forwarded to the pERC.
- f) Feedback should be presented clearly and succinctly in point form, whenever possible. The issue(s) should be clearly stated and specific reference must be made to the section of the recommendation document under discussion (i.e., page number, section title, and paragraph). Opinions from experts and testimonials should not be provided. Comments should be restricted to the content of the initial recommendation.
- g) References to support comments may be provided separately; however, these cannot be related to new evidence. New evidence is not considered at this part of the review process, however, it may be eligible for a Resubmission. If you are unclear as to whether the information you are considering to provide is eligible for a Resubmission, please contact the pCODR Secretariat.
- h) The comments must be submitted via a Microsoft Word (not PDF) document to the pCODR Secretariat by the posted deadline date.
- i) If you have any questions about the feedback process, please e-mail submissions@pcodr.ca.

Note: Submitted feedback may be used in documents available to the public. The confidentiality of any submitted information cannot be protected.