CADTH

CADTH REIMBURSEMENT REVIEW

# Stakeholder Feedback on Draft Recommendation

**semaglutide (Rybelsus)**

Novo Nordisk Canada Inc.

**Indication:** As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus: as monotherapy when metformin is considered inappropriate due to intolerance or contraindications; in combination with other medicinal products for the treatment of diabetes.

**May 28, 2021**

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# CADTH Reimbursement Review

# Feedback on Draft Recommendation

| Stakeholder information | |
|---|---|
| CADTH project number | SR0637 |
| Name of the drug and Indication(s) | Semaglutide (Rybelsus)<br><br>Semaglutide is indicated as an adjunct to diet and exercise to improve glycemic control in adults with T2DM:<br>• as monotherapy when metformin is considered inappropriate due to intolerance or contraindications;<br>• in combination with other medicinal products for the treatment of diabetes. |
| Organization Providing Feedback | FWG |

| Reconsideration of the draft recommendation | | |
|---|---|---|
| **1. Please indicate if the stakeholder requires the expert review committee to reconsider its recommendation.** | | |
| **Request for major revisions:** A change in recommendation category or patient population is requested | | ☐ |
| **Request for minor revisions:** A change in reimbursement conditions is requested | | ☐ |
| Whenever possible, please identify the specific text from the recommendation and rationale for requesting a change in recommendation. | | |
| **Clarity of the draft recommendation** | | |
| **2. Is the rationale for the draft recommendation clearly stated in the draft recommendation?** | Yes | X☐ |
| | No | ☐ |
| If not, please provide details regarding the information that requires clarification. | | |
| **3. Are the reimbursement conditions clearly stated and the rationale for the conditions provided in the draft recommendation?** | Yes | ☐ |
| | No | ☐ |
| | N/A | ☐ |
| If not, please provide details regarding the information that requires clarification.<br>1. On page 6. Reimbursement Condition 1.2, are there any restrictions on the other antihyperglycemic agents, such as number of agents, or type, or duration? | | |
| **4. Have the implementation issues been clearly articulated and adequately addressed in the draft recommendation?** | Yes | X☐ |
| | No | ☐ |
| | N/A | ☐ |

| |
|---|
| If not, 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. |