

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) Semaglutide is indicated as an adjunct to diet and exercise to improve glycemic control in adults with T2DM: <ul style="list-style-type: none"> as monotherapy when metformin is considered inappropriate due to intolerance or contraindications; in combination with other medicinal products for the treatment of diabetes.
Organization Providing Feedback	FWG

Reconsideration of the <u>draft recommendation</u>		
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		<input type="checkbox"/>
Request for minor revisions: A change in reimbursement conditions is requested		<input type="checkbox"/>
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 <input type="checkbox"/>
	No	<input type="checkbox"/>
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	<input type="checkbox"/>
	No	<input type="checkbox"/>
	N/A	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
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 <input type="checkbox"/>
	No	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

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.