

CDA-AMC REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

evolocumab (Repatha)
(Amgen Canada Inc.)

Indication: REPATHA is indicated for the reduction of elevated LDL-C in adult patients with primary hyperlipidemia (including heterozygous familial hypercholesterolemia and ASCVD): as an adjunct to diet and statin therapy, with or without other lipid-lowering therapies, in patients who require additional lowering of LDL-C as an adjunct to diet, alone or in combination with non-statin lipid-lowering therapies, in patients for whom a statin is contraindicated

May 31, 2024

Disclaimer: The views expressed in this submission are those of the submitting organization or individual. As such, they are independent of CADTH and do not necessarily represent or reflect the view of CADTH. No endorsement by CADTH is intended or should be inferred.

By filing with CADTH, the submitting organization or individual agrees to the full disclosure of the information. CADTH does not edit the content of the submissions.

CADTH does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting stakeholder group and all conflicts of interest information from individuals who contributed to the content are included in the posted submission.

5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

^a CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician 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.
- 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	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
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 review and have those declarations remained unchanged? If no, please complete section C below.	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> Dr. Liam Brunham Dr. GB John Mancini Dr. Carolyn Taylor Dr. Iulia Iatan Dr. Christopher Franco Dr. Gordon Francis 		

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)

<input type="checkbox"/>	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.
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 2

Name	<i>Please state full name</i>
Position	<i>Please state currently held position</i>
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>

<input type="checkbox"/>	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.
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 3

Name	<i>Please state full name</i>
Position	<i>Please state currently held position</i>
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>

<input checked="" type="checkbox"/>	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.
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Conflict of Interest Declaration

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Company	Check Appropriate Dollar Range
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	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	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.

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Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	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.

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	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

May 22, 2024

To Whom It May Concern:

I was initially quite happy to see the favourable CADTH review of evolocumab, but then was quite shocked about some of the stipulations which really do NOT make sense and are not supported by science or evidence

1. With respect to item 2.1: *1 If LDL-C levels are ≤ 2.2 mmol/L or non-HDL-C ≤ 2.9 mmol/L, patients **must** have demonstrated an **adequate trial of ezetimibe** prior to initiation of evolocumab.*

This is NOT correct as per CCS, where PCSK9i (evolocumab) is suggested asap after ACS regardless of LDL and NOT after ezetimibe

We recommend intensification of lipid-lowering therapy with a PCSK9 inhibitor (evolocumab or alirocumab)—with or without the additional use of ezetimibe—for secondary CV prevention patients shown to derive the largest benefit from PCSK9 inhibitor therapy in whom LDL-C remains ≥ 1.8 mmol/L (or non-HDL-C ≥ 2.4 mmol/L or ApoB ≥ 0.7 g/L) while receiving the maximally tolerated statin dose (Fig. 3; Strong Recommendation; Moderate-Quality Evidence). Secondary prevention patients shown to derive the largest benefit from intensification of statin therapy with PCSK9 inhibitor therapy are defined in Table 3.

2. With respect to Item 3 : *Evolocumab should be **prescribed by a cardiologist**.*

I actually think I had the hardest time with this comment as a primary care physician that is very involved with the cardiovascular health of my patients, and have personally started dozens on PCSK9i as per guidelines. Most Post ACS care is done (at least in part) by Family Physicians and Internists, so that would be tragic to prevent these groups from prescribing life saving therapies and makes no sense.

Similar to Fineranone and nephrology, this statement should read: “should be prescribed by physicians with experience in treating lipids in the post acs patient and knowledgeable in the use of PCSK9i for secondary prevention

3. Item 4 is very confusing: *Evolocumab should not be reimbursed for use in combination with a PCSK9 inhibitor*

Evolocumab is a PCSK9i so why would anyone use it with another PCSK9i. This statement just adds confusion and is of no true value.

Jeffrey Habert MD CCFP FCFP
Assistant Professor, University of Toronto, DFCM
Former Co-Chair Thrombosis Canada Clinical Guides

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information		
CADTH project number	SR0821-000-000	
Brand name (generic)	Repatha (evolocumab)	
Indication(s)	Primary hyperlipidemia	
Organization	Kitchener Waterloo Cardio-Pulmonary Services	
Contact information ^a	Name:Amelia Yip	
Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<p>As a group of cardiologists that practice in a large regional group practice, we have taken the proactive approach to have a focused secondary prevention lipid clinic. We find that this at-risk group are especially vulnerable to issues of noncompliance. Whether it is the nature of a younger population or the lack of symptoms, there appears to be a greater inertia to obtain and stay on medical treatment. From our experiences, the availability of different treatment options helps to bring these patients' low-density lipoprotein cholesterol (LDL-C) level to target. We are therefore delighted to see improved coverage of available therapeutic options for these patients.</p> <p>However, the treatment and management of lipids should not be limited to cardiologist alone. The available therapeutics have proven safety profiles and does not require cardiologists' close monitoring. In our region, we service a large catchment area that does not have routine and regular follow-up with cardiology. Internists, general practitioners as well as endocrinologists are capable of initiating and monitoring for side effects. PCSK-9 inhibitors like evolocumab have been shown to have excellent short- and long-term safety profile requiring minimal monitoring. Limiting prescribing to a narrow group of specialists, in this case cardiologists, could greatly limit access to this proven therapeutic option.</p>		
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	<input type="checkbox"/>
	No	<input type="checkbox"/>
N/A we never had comments to the committee previously		
Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

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1. Did you receive help from outside your clinician group to complete this submission?	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
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	Yes	<input type="checkbox"/>
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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	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
N/A did not previously declare conflict of interests		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	Amelia Yip
Position	Cardiologist
Date	30-May-2024
<input checked="" type="checkbox"/>	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	
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Company	Check Appropriate Dollar Range

	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Amgen</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sanofi</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>EOCI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>MD Analytics</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bayer</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bi-Agence LIV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>HLS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fusion MD</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Novonordisk</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 2

Name	Usha Manian
Position	Cardiologist
Date	30-May-2024
<input checked="" type="checkbox"/>	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

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Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Bristol Myers Squibb</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 3

Name	Jaffer Syed
Position	Cardiologist
Date	30-May-2024
<input checked="" type="checkbox"/>	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

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	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>None</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 4				
Name	<i>Claus Rinne</i>			
Position	<i>Cardiologist</i>			
Date	<i>30-May-2024</i>			
<input checked="" type="checkbox"/>	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				
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Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5				
Name	<i>Vesna Mihaljovic</i>			
Position	<i>Cardiologist</i>			
Date	<i>30-May-2024</i>			
<input checked="" type="checkbox"/>	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.			
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	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5				
Name	<i>Natalie Szpakowski</i>			
Position	<i>Cardiologist</i>			
Date	<i>30-May-2024</i>			
<input checked="" type="checkbox"/>	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				
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Company	Check Appropriate Dollar Range			

	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5

Name	<i>Heather Warren</i>
Position	<i>Cardiologist</i>
Date	<i>30-May-2024</i>
<input checked="" type="checkbox"/>	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.

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	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5

Name	<i>Arun Natarajan</i>
Position	<i>Cardiologist</i>
Date	<i>30-May-2024</i>
<input checked="" type="checkbox"/>	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.

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	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5

Name	<i>Rick Matiasz</i>
Position	<i>Cardiologist</i>
Date	<i>30-May-2024</i>
<input checked="" type="checkbox"/>	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

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Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5

Name	<i>Suzanne Renner</i>
Position	<i>Cardiologist</i>
Date	<i>30-May-2024</i>
<input checked="" type="checkbox"/>	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.

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Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information		
CADTH project number	SR0821-000-000 Stakeholder Feedback on Draft Recommendation	
Brand name (generic)	Repatha (Evolocumab)	
Indication(s)	Primary hyperlipidemia	
Organization	McMaster University	
Contact information ^a	Name: Guillaume Pare	
Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<p>Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.</p> <p>While we are in overall agreement with recommendations, we strongly disagree with the recommendation that evolocumab should be prescribed by a cardiologist. Specifically: (1) this recommendation is out-of-touch with clinical reality in Canada where a large proportion of post-ACS care is not provided by cardiologists but rather by other specialists and primary care practitioners ; (2) a majority of lipid specialists in Canada are not cardiologist but rather come from varied backgrounds (endocrinology, internal medicine, medical biochemistry, cardiology, vascular medicine, etc.) and (3) the argument that prescription by cardiologists will lead to more appropriate prescriptions has no basis. The ACS diagnosis is done at the ER and typically not by the same physician (cardiologist or not) responsible for post-ACS care. Whether a patient had an ACS or not is not a clinical consideration post-ACS and in any case, can be made by any physician caring for cardiovascular patients. ACS is not a rare disease or an ambiguous diagnosis. As CAD is the first cause of mortality, it should be very clear to any physician whether a patient had an ACS or not.</p>		
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	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<p>If not, what aspects are missing from the draft recommendation?</p> <p>The majority of lipid specialists are not cardiologists. The recommendation does not reflect the community of physicians whose focus is care of cardiovascular patients.</p>		
Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
<p>If not, please provide details regarding the information that requires clarification.</p> <p>Please see above. It's unclear why only prescriptions from cardiologists would be appropriate when there is a much broader community of physicians involved in the care of cardiovascular and post-ACS patients.</p>		
		Yes <input checked="" type="checkbox"/>

4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	No	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
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	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
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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 review and have those declarations remained unchanged? If no, please complete section C below.	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> Clinician 1 Clinician 2 Add additional (as required) 		

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)
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 4				
Name	<i>Please state full name</i>			
Position	<i>Please state currently held position</i>			
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	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
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5				
Name	<i>Please state full name</i>			
Position	<i>Please state currently held position</i>			
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	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
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0821-000
Brand name (generic)	Evolocumab
Indication(s)	For patients with recent acute coronary syndrome (ACS), who have LDL-C \geq 1.8 mmol/L despite optimized lipid-lowering therapy
Organization	University of Toronto faculty and clinicians at St Michael's Hospital, Unity Health Toronto who are actively involved in the treatment of patients with primary hyperlipidemia, including post-acute coronary syndromes (ACS)
Contact information ^a	Name: Dr. Shaun G. Goodman
Stakeholder agreement with the draft recommendation	
1. Does the stakeholder agree with the committee's recommendation.	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.	
<i>In general, we believe that the committee's draft recommendation is consistent with randomized clinical trial evidence, together with open-label extension study data with evolocumab, and Canadian Cardiovascular Society guideline recommendations, including in high-risk secondary prevention patients shown to derive similar relative, but greater absolute, benefit from PCSK9 inhibition (Pearson et al Can J Cardiol 2021;37:1129-1150). We do, however, disagree with some of the specific Reimbursement recommendations (see below).</i>	
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 <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
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 <input type="checkbox"/>
	No <input checked="" type="checkbox"/>
If not, please provide details regarding the information that requires clarification.	

We disagree with Reimbursement condition 2.1: “If LDL-C levels are ≤ 2.2 mmol/L or non-HDL-C ≤ 2.9 mmol/L, patients must have demonstrated an adequate trial of ezetimibe prior to initiation of evolocumab.” which is **not** consistent with the 2021 Canadian Cardiovascular Society (CCS) Dyslipidemia guideline recommendations (Pearson et al Can J Cardiol 2021;37:1129-50) for post-acute coronary syndrome (ACS) patients. The Guidelines state “Intensification of lipid-lowering therapy with PCSK9 inhibitors is especially recommended in these subsets of very high-risk patients (see Table 3), **with or without the additional use of ezetimibe** [bolding added], which was used in only a small number of patients in these trials”. The requirement for post-ACS patients to be on ezetimibe in addition to maximally tolerated statin dose would frequently result in additional delays in patients being prescribed evolocumab and may even result in patients being outside of the 1-year post-ACS window.

In Table 1 (Reimbursement Conditions and Reasons), in the Prescribing section, it is recommended that “3. Evolocumab should be prescribed by a cardiologist.” with the rationale that “This is meant to ensure that evolocumab is prescribed for appropriate patients and that adverse effects are managed in an optimized and timely manner.” We are concerned that restricting the prescribing of evolocumab to post-ACS patients will lead to inequitable access to this therapy. First, physicians other than cardiologists are quite capable of appropriately prescribing PCSK9 inhibitor therapy as per the CCS Dyslipidemia guideline recommendations (Pearson et al Can J Cardiol 2021;37:1129-50) that are entirely consistent with the CADTH-recommended Reimbursement Initiation conditions (Table 1). Indeed, given that the majority of Canadian post-ACS patients receive secondary prevention care (including lipid-modifying, antithrombotic, vascular protective and other prescriptions) jointly or solely from non-cardiology doctors (including internal medicine, other subspecialties, cardiovascular surgeons, and primary care physicians, in both urban and rural settings), restricting the potential prescriber to a cardiologist would significantly disadvantage Canadian patients and limit equitable access to effective treatment. Second, it is important to recognize that there are no safety issues with evolocumab. As noted in the Harms Results sections of the CADTH Reimbursement Review (pages 15 and 17), the serious and all adverse event profile of evolocumab was indistinguishable from placebo, with the exception of a higher occurrence of local injection site reactions. However, the latter was rare (0.5% absolute increase over a median of 2.2 years), with ~90% of reactions reported as mild (e.g., local erythema, swelling, or pruritis) and only 0.1% stopped receiving evolocumab because of an injection-site reaction (Sabatine et al N Engl J Med 2017;376:1713-22). Further, no differences in rates of reported local injection site reactions were evident in the Open Label Extension study (O’Donoghue et al Circulation 2022;146:1109-19).

In Table 1 (Reimbursement Conditions and Reasons), in the Prescribing section, it is also recommended that “4. Evolocumab should not be reimbursed for use in combination with a PCSK9 inhibitor.” with the rationale that “There is no evidence for the use of evolocumab in combination with a PCSK9 inhibitor.” It is unclear what this Reimbursement Prescribing condition means since evolocumab is itself a PCSK9 inhibitor.

^a CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician 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.
- 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	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
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 review and have those declarations remained unchanged? If no, please complete section C below.	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> Shaun G. Goodman Lawrence A. Leiter Alice Y. Y. Cheng Beth Abramson John L. Sievenpiper Linda Wang Kim A. Connelly Subodh Verma Bobby Yanagawa Dominic Ng Cynthia T. Luk 		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1

Name	<i>Please state full name</i>			
Position	<i>Please state currently held position</i>			
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	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
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 2				
Name	<i>Please state full name</i>			
Position	<i>Please state currently held position</i>			
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	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
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 3				
Name	<i>Please state full name</i>			
Position	<i>Please state currently held position</i>			
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information		
CADTH project number	SR0821-000	
Brand name (generic)	REPATHA (evolocumab)	
Indication(s)	Reduction of elevated LDL-C in adults with primary hyperlipidemia (heterozygous familial hypercholesterolemia and ASCVD)	
Organization	Western University, Division of Cardiology, Cardiac Rehabilitation and Secondary Prevention Program	
Contact information ^a	Name: Robert McKelvie, MD, PhD, FRCPC	
Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.		
<p>Recommendation #3 stating medication should be prescribed by a cardiologist. We disagree with this recommendation because it is too restrictive. Many physicians other than cardiologists appropriately management and prescribe lipid lowering therapies so they should not be excluded from prescribing the medication. The rational for this does not make sense because other physicians (e.g., Internists, endocrinologists) manage these patients and can appropriately prescribe and monitor their care. Furthermore, many of the leading lipid specialists in Canada would not be able to prescribe REPATHA because they are not cardiologist.</p> <p>Recommendation #4 does not seem to make sense they way it is presently written. REPATHA is a PCSK9i so it would never be prescribed with another PCSK9i.</p>		
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	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
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	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
For the most part the recommendations are stated except for #3 and #4.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
		Yes <input checked="" type="checkbox"/>

5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

^a CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician 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.
- 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	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
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 review and have those declarations remained unchanged? If no, please complete section C below.	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> Clinician 1 Clinician 2 Add additional (as required) 		

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)
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 4				
Name	<i>Please state full name</i>			
Position	<i>Please state currently held position</i>			
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	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
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5				
Name	<i>Please state full name</i>			
Position	<i>Please state currently held position</i>			
Date	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	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
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0821
Name of the drug and Indication(s)	evolocumab (Repatha) for the reduction of elevated low-density lipoprotein cholesterol in adult patients with primary hyperlipidemia (including heterozygous familial hypercholesterolemia and atherosclerotic cardiovascular disease): <ul style="list-style-type: none"> as an adjunct to diet and statin therapy, with or without other lipid-lowering therapies, in patients who require additional lowering of low-density lipoprotein cholesterol as an adjunct to diet, alone or in combination with non-statin lipid-lowering therapies, in patients for whom a statin is contraindicated.
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	<input type="checkbox"/>
	Minor revisions: A change in reimbursement conditions is requested	<input type="checkbox"/>
No Request for Reconsideration	Editorial revisions: Clarifications in recommendation text are requested	<input type="checkbox"/>
	No requested revisions	<input checked="" type="checkbox"/>

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	
Please provide details regarding the information that requires clarification.	

c) Implementation guidance
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. Additional implementation questions can be raised here.

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.

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information		
CADTH project number	SR0821	
Brand name (generic)	Repatha (evolocumab)	
Indication(s)	Primary Hyperlipidemia	
Organization	Amgen Canada Inc.	
Contact information ^a	Name: [REDACTED]	
Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Amgen Canada Inc. is pleased with the Committee's recommendation to reimburse Repatha® (evolocumab) for adult patients with recent ACS who have elevated LDL-C levels, despite taking maximally tolerated dose of statins with or without ezetimibe. We appreciate that CDEC has recognized the value of evolocumab to address an important unmet need for these very high risk ACS patients who cannot meet LDL-C thresholds with available treatment options. Amgen supports the conversion of the draft recommendation to a final recommendation and is committed to working with provinces to facilitate access for Canadian patients.		
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	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Overall, Amgen believes that the committee considered the evidence submitted and input provided by Amgen. However, as stated in previous input provided by Amgen:		
<ul style="list-style-type: none"> We disagree with CDEC's assertion that uncertainty in economic evidence necessitates "a greater price reduction". While Amgen acknowledges uncertainty in any economic evaluation, what is the rationale to assume that the true cost effectiveness would be worse than the base case? For example, what if there is better efficacy beyond the trial? Amgen respectfully requests a more balanced conclusion, such as "a greater or lesser price reduction" may be required; or removal of this statement as was done in response to our similar comment in CADTH's Pharmacoeconomic Review Report. We maintain that CADTH's re-analysis of the budget impact is an underestimate given the incidence rate for MI may not reflect the rate in the real-world ACS population in Canada, where the majority of events are occurring in the age group 65-79 years. 		
Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>
Amgen acknowledges the clarity of the reimbursement conditions and rationale, however, to ensure feasibility of implementation, ease of access for patients, minimal burden on physicians and		

continuity of care for lipid management post ACS, beyond the revisions requested through our request for reconsideration based on minor revisions, Amgen would like to request clarification on the following reimbursement criteria and conditions.

- a) CDEC “*recommends that evolocumab be reimbursed for the reduction of elevated low-density lipoprotein cholesterol (LDL-C) in adult patients **with primary hyperlipidemia (atherosclerotic cardiovascular disease)***”. As noted on p. 8, evolocumab is recommended “*in the management of primary hyperlipidemia for secondary prevention*”. However, to avoid confusion between the Primary Hyperlipidemia and the Prevention of Cardiovascular Events indications when implementing this recommendation, since by definition, ACS patients have established ASCVD, we would ask CDEC to focus on the population for this reassessment and consider removing the Health Canada indication from this statement and simplifying to “*in adults patients with atherosclerotic cardiovascular disease...*”.
- b) Reimbursement Condition 4, “*Evolocumab should not be reimbursed for use in combination with **a PCSK9 inhibitor***”: For clarity, since evolocumab is a PCSK9 inhibitor, we suggest this should read “with **another** PCSK9 inhibitor”.
- c) Rationale for Reimbursement Condition 5, “*An estimated price reduction of **at least** 50% would be required for evolocumab to achieve an ICER of \$50,000 per QALY compared to optimized background lipid lowering therapy*”: The rationale for this condition should align with the results of the economic evaluation (on p.20) which states “*A price reduction of 50% would be required to ensure cost-effectiveness*” and we ask that “**at least**” be removed from the statement.

^a CADTH may contact this person if comments require clarification.