PAN-CANADIAN ONCOLOGY DRUG REVIEW

pan-Canadian Oncology Drug Review

Provincial Advisory Group (PAG) Feedback on a pCODR Expert Review Committee Initial Recommendation

Crizotinib (Xalkori) Resubmission for NSCLC

May 2, 2013

3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Crizotinib (Xalkori) Resubmission for NSCLC

Endorsed by: Provincial Advisory Group Vice-Chair

Feedback was provided by eight of the nine provinces (Ministries of Health and/or provincial cancer agencies) participating in pCODR.

3.1 Comments on the Initial Recommendation

a) Please indicate if the PAG (either as individual PAG members and/or as a group) agrees or disagrees with the initial recommendation:

__X__ Agrees ____ Agrees in part ____ Disagree

PAG members providing feedback agreed with the initial pERC recommendation to fund crizotinib in the second line setting conditional on the cost-effectiveness as the evidence presented in the submission, namely PROFILE 1007, supports the use of crizotinib for the 2nd line treatment of NSCLC after one prior chemotherapy regimen.

PAG members noted concerns regarding the unit dose pricing of crizotinib and suggested this concern would benefit from being addressed in the Next Steps of the recommendation document. PAG suggested wording such as "jurisdictions may want to consider the impact of dose adjustments on tablet burden since pricing is per tablet and not per milligram (reduction from 250mg to 200mg would not result in a price reduction)". PAG noted this wording would be consistent with other pCODR recommendation documents addressing a similar concern.

b) Notwithstanding the feedback provided in part a) above, please indicate if the PAG would support this initial recommendation proceeding to final pERC recommendation ("early conversion"), which would occur within 2(two) business days of the end of the consultation period.

__X__ Support conversion to final recommendation.	____ Do not support conversion to final recommendation.
Recommendation does not require reconsideration by pERC.	Recommendation should be reconsidered by pERC.

PAG members providing feedback supported the conversion of the pERC initial recommendation to a pERC final recommendation.

PAG also suggested the inclusion of a paragraph, in the Next Steps section of the recommendation, addressing time-limited access of crizotinib for patients that have recently failed 2nd line therapy or are currently on 2nd line therapy prior to the availability of crizotinib. PAG understands that addition of time limited access may not allow for early conversion.

c) Please provide feedback on the initial recommendation. 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
6	Drug Costs	1st line	PAG noted that crizotinib costs $146.67 for 200 and 250 mg tablets, while pricing per mg would be preferable to jurisdictions. PAG indicated this trend in the unit dose pricing of drugs to have a negative impact on cost-effectiveness in real world patient use of treatments. PAG noted that concerns around drug costing would be better highlighted in the Next Steps of the recommendation as has been done in previous pCODR recommendations (ie ruxolitinib).
8	Drug and Condition Information	Para 4 and 5	PAG noted that in this section it may be more appropriate to provide information on the current standard treatment and limitations to that seen in the second line setting as this is the basis for this Crizotinib submission and recommendation
1	pERC recommendation	1,3	PAG suggested the inclusion of a description around the patient population into the wording of the recommendation to align better with the study population. "..advanced NSCLC with an ECOG performance status of less than or equal to 2, conditional on the cost- …" etc.
1	pERC recommendation – Next Steps	1	PAG suggested the inclusion of a paragraph addressing time-limited access of crizotinib for patients that have recently failed 2nd line therapy or are currently on 2nd line therapy prior to the availability of crizotinib. Wording similar to that used in the everolimus for AB was suggested. "At the time of implementing a funding recommendation for crizotinib, jurisdictions may consider addressing the short-term, time-limited need for crizotinib in patients who are currently on 2nd line therapy or have recently failed 2nd line therapy, prior to crizotinib being available. pERC noted that it would be reasonable for this prevalent

			population of patients to be able to received crizotinib for NSCLC."

3.2 Comments related to PAG input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on the PAG input provided at the outset of the review on potential impacts and feasibility issues of adopting the drug within the health system.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial PAG input
NA	NA	NA	NA

3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments
NA	NA	NA	NA

About Completing This Template

pCODR invites the Provincial Advisory Group (PAG) to provide feedback and comments on the initial recommendation made by the pCODR Expert Review Committee. (See www.pcodr.ca for information regarding review status and feedback deadlines.)

As part of the pCODR re view 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.pcodr.ca for a description of the pCODR process.) The pERC 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 PAG, either as individual PAG members and/or as a group, agrees or disagrees with the pERC 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 pERC 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 pERC final 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 a pERC final 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 pERC final 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 members of the PAG can provide feedback on the pERC initial recommendation; delegates must work through the PAG representative to whom they report.
    a. Please note that only one submission is permitted for the PAG. Thus, the feedback should include both individual PAG members and/or group feedback.

b) Feedback or comments must be based on the evidence that was considered by pERC in making the pERC 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 *Provincial Advisory Group (PAG) Feedback on a pERC Initial Recommendation* can be downloaded from the pCODR website. (See www.pcodr.ca for a description of the pCODR process and supporting materials and templates.)

d) At this time, the template must be completed in English. PAG 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, PAG 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.