

## CADTH REIMBURSEMENT REVIEW

# Stakeholder Feedback on Draft Recommendation

**Budesonide/glycopyrronium/formoterol fumarate dihydrate  
(Breztri Aerosphere)  
(AstraZeneca Canada Inc.)**

Indication: chronic obstructive pulmonary disease (COPD)

August 13, 2021

**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.

# CADTH Reimbursement Review

## Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0675
Name of the drug and Indication(s)	Budesonide / glycopyrronium / formoterol fumarate dihydrate for COPD
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	<b>Major revisions:</b> A change in recommendation <b>category</b> or patient <b>population</b> is requested	<input type="checkbox"/>
	<b>Minor revisions:</b> A change in reimbursement <b>conditions</b> is requested	<input type="checkbox"/>
No Request for Reconsideration	<b>Editorial revisions:</b> Clarifications in recommendation <b>text</b> are requested	<input type="checkbox"/>
	<b>No requested revisions</b>	<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
<b>a) Recommendation rationale</b>
Please provide details regarding the information that requires clarification.
<b>b) Reimbursement conditions and related reasons</b>
Please provide details regarding the information that requires clarification.
<b>c) Implementation guidance</b>
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.