

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

SELPERCATINIB (Retevmo)

Eli Lilly Canada Inc.

Indication: Retevmo is indicated as monotherapy for the treatment of: • RET fusion-positive differentiated thyroid carcinoma in adult patients with advanced or metastatic disease (not amenable to surgery or radioactive iodine therapy) following prior treatment with sorafenib and/or lenvatinib.

June 16, 2022

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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	PC0274-000
Brand name (generic)	Selpercatinib (Retevmo)
Indication(s)	Adult patients with RET fusion-positive differentiated thyroid carcinoma with advanced or metastatic disease (not amenable to surgery or radioactive iodine therapy) following prior treatment with sorafenib and/or lenvatinib
Organization	Ontario Health (CCO) Head, Neck and Thyroid Cancer Drug Advisory Committee
Contact information ^a	Name: Dr. Michael Odell
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"/>
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"/>
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 checked="" type="checkbox"/>
	No <input type="checkbox"/>

^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		
1. Did you receive help from outside your clinician group to complete this submission?	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
Ontario Health provided secretariat functions to the DAC.		
2. 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"/>
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 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. Michael Odell Dr. Stephanie Brule 		

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0274
Name of the drug and Indication(s)	PAG
Organization Providing Feedback	Selpercatinib for DTC

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	X

2. Change in recommendation category or conditions
Complete this section if major or minor revisions are requested
None.

3. Clarity of the recommendation
Complete this section if editorial revisions are requested for the following elements
a) Recommendation rationale
None.
b) Reimbursement conditions and related reasons
None.
c) Implementation guidance
None.

CADTH Reimbursement Review Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0274-000
Brand name (generic)	RETEVMO™ (selpercatinib)
Indication(s)	As monotherapy for the treatment of adult patients with rearranged during transfection (RET) fusion-positive differentiated thyroid carcinoma (DTC) with advanced or metastatic disease (not amenable to surgery or radioactive iodine therapy) following prior treatment with sorafenib and/or lenvatinib
Organization	Eli Lilly Canada Inc.
Contact information ^a	[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"/>
<p>Eli Lilly Canada Inc. (Lilly) agrees with the CADTH pCODR Expert Review Committee's (pERC) initial recommendation that RETEVMO™ (selpercatinib) be reimbursed for the treatment of adult patients with RET fusion-positive DTC with advanced or metastatic disease (not amenable to surgery or radioactive iodine therapy) following prior treatment with sorafenib and/or lenvatinib. Lilly supports the conversion of the initial recommendation to a final recommendation to expedite access for adult patients with previously treated RET fusion-positive DTC.</p> <p>Lilly is pleased with pERC's recognition of a poor prognosis and high unmet need for adult patients with RET fusion-positive DTC following progression on sorafenib and/or lenvatinib, and that selpercatinib addresses an important therapeutic need as there are currently no funded therapies available in this patient population.</p> <p>Lilly also agrees that selpercatinib potentially improves survival and is associated with fewer treatment-related adverse effects.</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"/>
Lilly agrees that pERC has considered the input provided to CADTH in its deliberation.	
Clarity of the draft recommendation	
3. Are the reasons for the recommendation clearly stated?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
Lilly agrees that the reasons for the recommendation are clearly stated.	
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>

Lilly agrees that the implementation issues are clearly articulated and adequately addressed.		
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"/>
Lilly agrees that the reimbursement conditions and associated rationales are clearly stated.		

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