

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

macitentan and tadalafil (Opsynvi)
(Janssen Inc.)

Indication: Pulmonary arterial hypertension.

December 2, 2021

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CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information		
CADTH project number	SR0690	
Name of the drug and Indication(s)	Macitentan and tadalafil (Opsynvi) for the long-term treatment of pulmonary arterial hypertension (PAH, World Health Organization [WHO] Group 1) to reduce morbidity in patients of WHO functional class (FC) II or III whose PAH is idiopathic, heritable or associated with connective tissue disease or congenital heart disease. Opsynvi should be used in patients who are currently treated concomitantly with stable doses of macitentan 10 mg and tadalafil 40 mg (20 mg x 2) as separate tablets.	
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	X
	No requested revisions	<input 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
Clarify how long a patient needs to be on stable doses of macitentan and tadalafil as separate tablets prior to switching to Ohsynvi.

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	SR0690
Brand name (generic)	OPSYNVI® (macitentan and tadalafil)
Indication(s)	For the long-term treatment of pulmonary arterial hypertension (PAH, World Health Organization [WHO] Group 1) to reduce morbidity in patients of WHO functional class (FC) II or III whose PAH is idiopathic, heritable or associated with connective tissue disease or congenital heart disease. OPSYNVI should be used in patients who are currently treated concomitantly with stable doses of macitentan 10 mg and tadalafil 40 mg (20 mg x 2) as separate tablets.
Organization	Janssen Inc.
Contact information ^a	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px;"></div>
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>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>Janssen Inc. agrees with the committee's recommendation to reimburse OPSYNVI® as per its Health Canada indication. The committee's reimbursement conditions are clear and highlight cost savings at the submitted price.</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 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="checked" type="checkbox"/>
	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.