CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

amivantamab (Rybrevant)

(Janssen Inc.)

Indication: Non-small cell lung cancer

October 21, 2022

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0289-000
Brand name (generic)	Amivantamab
Indication(s)	For the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal-growth factor receptor (EGFR) Exon 20 insertion mutations whose disease has progressed on, or after platinum-based chemotherapy.
Organization	Ontario Health (CCO) Lung Cancer Drug Advisory Committee
Contact information[a]	Name: Dr. Donna Maziak

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☐
	No	☒
CADTH has issued a positive recommendation for other agents that have been approved with less data. The response rates, progression free survival and overall survival are significantly more than would be seen with docetaxel which is the alternative chemotherapy option in this line of treatment. Clinically would prefer to use amivantamab more than pembrolizumab or nivolumab that have low response rates in this population of patients with NSCLC. There have been multiple real world data suggest a large clinical benefit benefit. CADTH appears to be requesting real world evidence as a part of drug submissions but then dismiss the evidence as poor quality due to data limitations		

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	☒
	No	☐
Reference is made to the clinician and CCO submissions, but does not appear to accept their belief that the available data is convincing for patient benefit		

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
The main issue appears to be the uncertainty of clinical benefit from amivantamab. However, data of similar quality has resulted in positive funding recommendations for other agents. The alternative therapy, docetaxel, has only very modest benefit and significant potential for toxicity and is a much less appealing option.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☐
N/A		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☐
N/A		

[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	☐
	Yes	☒
Ontario Health provided secretariat function to the DAC.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
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	☐
	Yes	☒
If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Donna Maziak • Dr. Peter Ellis • Dr. Andrew Robinson • Dr. Stephanie Brule • Dr. Sara Kuruvilla		

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0289-000
Brand name (generic)	Amivantamab (Rybrevant)
Indication(s)	For the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal-growth factor receptor (EGFR) Exon 20 insertion mutations whose disease has progressed on, or after platinum-based chemotherapy.
Organization	Lung Cancer Canada – Clinician Group
Contact information[a]	Name: Shem Singh

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☐
	No	☒

"The CADTH pCODR Expert Review Committee (pERC) recommends that amivantamab not reimbursed for the treatment of adult patients with locally advanced or metastatic NSCLC with activating EGFR Exon 20 insertion mutations whose disease has progressed on, or after platinum-based chemotherapy."

We completely disagree with this. This is doing a disservice to our patients with advanced NSCLC EGFR mutated Exon 20 insertion progressing on or who have progressed on a platinum doublet.

Cohort D in the CHRYSALIS was a phase I/Ib, multicenter, multinational, open-label, single arm study with 81 patients who had progressed on a platinum doublet. The primary endpoint of overall response rate (ORR) was 43.2% [95% CI, 32.2% to 54.7%]) per blinded independent central review (BICR).

The median progression free survival (PFS) per BICR was 8.31 months. The median overall survival (OS) per investigator assessment was 22.77 months.

These are outstanding results in the second line setting for this group of patients. There is no uncertainty with the clinical evidence.

Patients with NSCLC whose tumors harbour any activating EGFR mutations have efficacious therapeutics like EGFR inhibitors. The patients with EGFR Exon 20 insertion have no targeted therapy approved, as it does not work[1]. First, second and third generation EGFR tyrosine kinase inhibitors do not work due to the size of the binding site. Checkpoint inhibitors if tried should only be tried last line due to a response rate of 4 % and mPFS of <2 months[2]. Patients with EXON 20 insertion are treated in the first line setting with platinum doublet and when they progress their only treatment choice outside of a clinical trial is docetaxel. Docetaxel has a response rate of less than 6% and PFS of 3 months and OS of 7 months[3]. To date, the benefit to docetaxel will be at best comparable in those with actionable mutations, like EGFR (nishiyama et al. Lung Cancer 2015;89(3):301-305), ALK (Novello et al. Ann Oncol 2018 29(1):1409-1416), or without actionable mutations (Garassino et al Lancet Oncol 2013:14(10):981-988). and those with any PDL-1 level (CHECKMATE 017, 051 and KN010) , it is our expectation that docetaxel benefit will be comparable

in the EGFR EXON 20 population. If CADTH does not approve amivantinib this is what we are subjecting out patients to.

CADTH agrees that EGFR Exon 20 insertions are rare. They make up approximately 0.4% to 0.6% of overall NSCLC cases in Canada.

CADTH agrees that this patient subset has an unmet need for treatment options.

CADTH agrees that a randomized trial in the second line setting in this group of patients is not feasible.

CADTH is uncertain of the clinical benefit given the single arm trial.

If a randomized trial is not feasible, the results of Cohort D in the CHRYSALIS study have to be recognized and accepted.

Those of us who have treated patients with this antibody in this setting of EGFR EXON 20 insertion know it is efficacious as we see our patient respond. That can only lead to improvement in quality of life and improvement in survival.

1. Yang et al, The Lancet Volume 16, Issue 7, July 2015, Pages 830-838

2. Gainor JF, et al. EGFR mutations and ALK rearrangements are associated with low response rates to PD-1 pathway blockade in non–small cell lung cancer: a retrospective analysis. Clin Cancer Res. 2016;22:4585–4593.

3 Shepherd FA et al, Prospective randomized trial of docetaxel vs best supportive care in patients with non-small-celll lung cancer patients previously treated with platinum-based chemotherapy. J ClinOncol 18:2095-2103, 2000.

2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☐
	No	☒

CADTH has not accepted of the clinical data in this rare mutation where the only option after platinum doublet is docetaxel, which is known to have significant toxicity in additional to modest ORR, mPFS and mOS.

There is no uncertainty of the clinical benefit in this group of patients.

We disagree with the clinical experts that “amivantamab would likely offer improved and clinically meaningful benefits compared with currently available therapies”. We are certain of this and wonder if the pERC members have data on the comparative benefit with amivantamab and docetaxel in EGFR Exon 20 mutated NSCLC. As acknowledged by pERC members that a randomized phase III study is not feasible in this setting while the current single arm study with central radiological review is not convincing enough, what prospective study should be conducted that will provide convincing data to support reimbursement?

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
Yes but we disagree with the rationale. This is a rare mutation where a randomized trial cannot be done in the second line setting and yet, they refuse to accept the data on efficacy because it is a single arm trial.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☐
N/A		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☐
N/A		

[a] CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician Groups

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  - 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	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
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	☐
	Yes	☒
If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Barbara Melosky (lead) • Dr. David Dawe • Dr. Sunil Yadav • Dr. Shaqil Kassam • Dr. Randeep Sangha • Dr. Rosalyn Juergens • Dr. Catherine Labbé • Dr. Kevin Jao • Dr. Geoffrey Liu • Dr. Stephanie Snow • Dr. Ron Burkes • Dr. Paul Wheatley-Price		

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0289
Name of the drug and Indication(s)	Amivantamab for adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC)
Organization Providing Feedback	PAG

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	☐
	Minor revisions: A change in reimbursement **conditions** is requested	☐
No Request for Reconsideration	**Editorial revisions:** Clarifications in recommendation **text** are requested	☐
	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

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0289-000
Brand name (generic)	Amivantamab (Rybrevant)
Indication(s)	For the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal-growth factor receptor (EGFR) Exon 20 insertion mutations whose disease has progressed on, or after platinum-based chemotherapy.
Organization	Lung Cancer Canada – Patient Group
Contact information[a]	Name: Shem Singh

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☐
	No	☒

Lung Cancer Canada is extremely disappointed in pERC's decision to not reimburse amivantamab for patients with advanced or metastatic NSCLC with EGFR Exon 20 insertion mutations.

In the rationale for recommendation, pERC states, *"Further, no definitive conclusion could be reached regarding the effects of amivantamab on health-related quality of life (HRQoL) due to the results being based on a small subset of 36 patients."* The rarity of EGFR Exon 20 insertion mutations that yield non small-cell lung cancer (NSCLC) is estimated to be 0.4-0.6% of NSCLC cases in Canada, and less than 4% of all NSCLC cases globally. There are approximately 200-1000 patients diagnosed with this mutation each year based on global estimates, who experience resistance to both first and second generation TKIs, as noted in our initial submission. 2 patients that LCC interviewed that used amivantamab in the 2nd line or beyond, found significant relief with the drug when they had exhausted all previous options that eventually became ineffective. They were both on the drug for over 1 year and still having a good HRQoL, able to maintain their independence throughout treatment, and some even returned to work. LCC understand that the rarity of the disease makes it difficult to find many patients for a robust sample size; however, the results of the CHRYSALIS study have shown that it is effective on this small subset of NSCLC patients and as interviewed, has made a difference in these patients' lives at the end of the day.

There is a high unmet need in this patient subset for treatment options when others have been exhausted. The current standard of care for these EGFR Exon 20 mutation patients in the first line setting remains a systemic treatment of platinum doublet or docetaxel chemotherapy. These treatments come with numerous toxic and harsh side effects and are not specifically targeted to the patient's specific subtype, yielding less than efficacious clinical benefits. Amivantamab has been seen to effectively treat disease with side effects that are manageable. In section 6 of our initial submission, patients mentioned that although the side effect burden was more than what they had experienced with other targeted therapies in the past, they would not consider discontinuing treatment as the hope of survival outweighs the negatives. By denying patients access to this therapy that has shown substantial benefit for this rare subgroup of NSCLC patients, it will cause unnecessary burden and suffering. These patients need access to timely and effective treatments for their cancer and cannot afford to wait. The unmatched potential that access to amivantamab will have

for patient is incredibly positive, and will make a huge difference in the treatment paradigm for this patient population.

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	☐
	No	☒

The rationale and discussion points in the draft recommendation highlighted only very briefly the importance of patient and caregiver values that LCC highlighted in our initial submission. Additionally, pERC also raised the question of whether amivantamab showed any clinical benefit compared to the other relevant treatments due to the absence of a comparator arm. While LCC cannot comment on the substantiality of the external clinical evidence submitted, between the qualitative experiences that patients interviewed by LCC expressed, patients agreed that they would choose amivantamab over past treatments because previous treatments, including 2 patients who had experience with other EGFR TKIs did not target their specific biomarkers and thus did not yield long term results. When they switched onto amivantamab, they soon saw disease symptoms subside, and they were able to return to a level of functionality and independence similar to before diagnosis. Both of those two patients have been on amivantamab for about 1.5 years at the time of our initial submission, during which both saw their metastases remain either stable or have shrunk significantly. This is further detailed in the Section 6 subheadings, "*Amivantamab has given patients treatment options when they've exhausted other options", "Amivantamab is effective at treating patients' disease", and "Patients on amivantamab enjoy a quality of life and level of functionality that is similar to pre-diagnosis".*

Clarity of the draft recommendation

3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐

Yes but we disagree with the rationale. This is a rare mutation impacting a very small number of NSCLC patients, so the limitations that the clinical evidence presents are understandable. The benefits that amivantamab has shown to yield in patients is still important, and should CADTH choose to make a positive recommendation of the reimbursement of this treatment, more robust real world evidence will be generated overtime.

4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☐

N/A

5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☐

N/A

[a] CADTH may contact this person if comments require clarification.

Appendix 1. Conflict of Interest Declarations for Patient Groups

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- CADTH may contact your group with further questions, as needed.
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A. Patient Group Information	
Name	*Shem Singh*
Position	*Executive director, Lung Cancer Canada*
Date	*Oct 21,2022*
☒	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

3. 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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

amivantamab (Rybrevant)

(Janssen Inc.)

Indication: Non-small cell lung cancer

February 16, 2023

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0289-000 (Reconsideration)
Brand name (generic)	Rybrevant (amivantamab)
Indication(s)	For the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal-growth factor receptor (EGFR) Exon 20 insertion mutations whose disease has progressed on, or after platinum-based chemotherapy.
Organization	Ontario Health (Cancer Care Ontario) Lung Cancer Drug Advisory Committee
Contact information[a]	Name: Dr. Donna Maziak

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.		

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	☒
	No	☐
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	☒
	No	☐
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	☒
	No	☐
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	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		

[a] CADTH may contact this person if comments require clarification.

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  - 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	☐
	Yes	☒
If yes, please detail the help and who provided it. OH-CCO provided secretariat function.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

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	☐
	Yes	☒
If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Donna Maziak • Dr. Peter Ellis • Dr. Andrew Robinson • Dr. Stephanie Brule • Dr. Sara Kuruvilla		

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)*

☐	**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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☐	**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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☒	**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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☐	**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**			
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Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☐	**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.

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Add company name	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0289
Name of the drug and Indication(s)	Amivantamab for non-small cell lung cancer
Organization Providing Feedback	PAG

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	☐
	Minor revisions: A change in reimbursement **conditions** is requested	☐
No Request for Reconsideration	**Editorial revisions:** Clarifications in recommendation **text** are requested	X
	No requested revisions	☐

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
Under Table 1, reimbursement condition for discontinuation, PAG is requesting the following revision: The word “and’ should be replaced with “or” in the following statement. *Amvantamab should be discontinued for patients who do not exhibit a response to treatment as per physician discretion “OR” for whom treatment is intolerable.*

c) Implementation guidance
Under Table 2 Responses to Questions from the drug programs, PAG is requesting the following revisions: Under generalizability, the following comment should be removed: *pERC discussed and agreed that switching should only be allowed for toxicity reasons if the patient has not progressed on the previous treatment, or if the patient cannot tolerate an adequate dose of a regimen.* Under Funding Algorithms: If there is no evidence to inform the sequencing of amivantamab or IO therapy, can a statement be added to indicate the lack of evidence and as such, this is to be addressed via an algorithm.

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0289
Brand name (generic)	Amivantamab (Rybrevant)
Indication(s)	For the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) Exon 20 insertion mutations whose disease has progressed on, or after platinum-based chemotherapy
Organization	Lung Cancer Canada – Patient Group Lung Cancer Canada – Medical Advisory Committee
Contact information[a]	[redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐

Lung Cancer Canada's Patient Group and Medical Advisory Committee thanks pERC for the positive recommendation of amivantamab for locally advanced or metastatic NSCLC with EGFR Exon 20 mutations. This is in line with our views that amivantamab is an extremely valuable treatment for patients with this disease. The recommended inclusion criteria and exclusion criteria are in line with clinical trial design and also in line with clinical practice. Patients in this niche population have limited options for targeted therapy treatments as it currently stands. The addition of amivantamab to the current treatment paradigm is positive step forward in the expansion of treatments available to these 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	☒
	No	☐

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	☒
	No	☐

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	☒
	No	☐

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	☒
	No	☐

If not, please provide details regarding the information that requires clarification.

[a] CADTH may contact this person if comments require clarification.

Appendix 1. Conflict of Interest Declarations for Patient 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.

A. Patient Group Information	
Name	*Shem Singh*
Position	*Executive Director*
Date	*Feb 16, 2023*
☒	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

3. 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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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	☒
	Yes	☐
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	☒
	Yes	☐
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	☐
	Yes	☒
If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Barbara Melosky (lead) • Dr. David Dawe • Dr. Sunil Yadav • Dr. Shaqil Kassam • Dr. Randeep Sangha • Dr. Rosalyn Juergens • Dr. Catherine Labbé • Dr. Kevin Jao • Dr. Geoffrey Liu • Dr. Stephanie Snow • Dr. Ron Burkes • Dr. Paul Wheatley-Price		

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)*
☐	**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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☐	**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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☒	**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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☐	**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	☐	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

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)*
☐	**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	☐	☐	☐	☐

Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐