CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

Ozanimod (Zeposia UC)

(Celgene Inc., a Bristol Myers Squibb Company)

Indication: Ulcerative colitis

June 30, 2022

CADTH

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0714
Name of the drug and Indication(s)	Zeposia (ozanimod) for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, loss of response, or were intolerant to either conventional therapy or a biologic agent
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	☐
	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
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
1) Clarification of initiation criteria #1 and #2 to ensure that previous therapies which must be tried are clarified. #1 is a bit ambiguous stating that patient must have had an inadequate response, had a loss of response, or been intolerant to conventional therapy **or** a biologic agent for UC. #2 directly contradicts this, stating that patients must fail a biologic.

2) Consider using more specific language than “advanced” therapies.
c) Implementation guidance
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.

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	SR0714-000 Stakeholder Feedback on Draft Recommendation
Brand name (generic)	Zeposia (ozanimod)
Indication(s)	Moderate-severe ulcerative colitis
Organization	Crohn's and Colitis Canada
Contact information[a]	Name: Kate Lee

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

Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.

Agree with recommending reimbursement (thank you!)
However, we do NOT agree with recommending that **patients must have failed on at least one biologic.**

Placing Zeposia as a second line of treatment could lead to years of unnecessary hardships and health deterioration for patients. The potential harm (of delaying access to Zeposia) and benefit (of giving access to Zeposia as a first line treatment) are exemplified by the patient we interviewed for our initial patient input submission. The patient described how none of the treatments were giving her a semblance of a healthy life. Her new "normal" was chronic fatigue, bleeding, pain, uncontrolled bowel movements and, consequently, loss of a quality of life. As last resorts, her clinician prescribed Entyvio and Remicade, both of which she did not respond to. With years of suffering and loss of hope for reclaiming her health and quality of life, the patient shared that she contemplated suicide prior to being enrolled in the Zeposia clinical trial. Since starting Zeposia, the patient expressed that she "got her life back". She also expressed the convenience of a pill vs having to arrange for injections or infusions.

We hope that the above case exemplifies the importance of including Zeposia as a first line treatment. This gives the clinician the option to identify the best treatment for their patients, and could prevent year(s) of unnecessary hardship for patients such as the lady we interviewed.

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?
While the summary refers to our survey and the patient interview, it does not consider the significant difference in the patient's experience/quality of life before and after Zeposia

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	*Kate Lee*
Position	*VP Research & Patient Programs*
Date	*30-06-2022*
☒	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**
Bristol Myers Squibb	☐	☐	☐	☒
	☐	☐	☐	☐
	☐	☐	☐	☐

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0714
Brand name (generic)	Zeposia (ozanimod)
Indication(s)	The treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, loss of response, or were intolerant to either conventional therapy or a biologic agent.
Organization	Gastrointestinal Society
Contact information[a]	Name: Gail Attara

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.
CADTH's draft recommendation for Zeposia® (ozanimod) for the treatment of ulcerative colitis creates barriers to care and can lead to avoidable costs for patients and healthcare systems. It is our opinion that the recommendation should not require patients to fail a biologic agent in order to have Zeposia® as a treatment option.

Ulcerative colitis is a lifelong disease with symptoms of rectal bleeding, diarrhea, abdominal pain, and extraintestinal manifestations of arthritis, ankylosing spondylitis, and eye inflammation, to name a few. These symptoms are debilitating for many and can lead to malnutrition and disordered sleep, which can bring about an ongoing cycle of fatigue and weakness.

One of the biggest fears for patients is when their medication stops working. Since there is no cure for ulcerative colitis, and individuals living with this disease have diverse medical needs, the patient journey often consists of trialing through several therapeutic options to achieve remission and, even then, treatments can stop working or side effects can make them difficult to continue. CADTH's recommendation of requiring a biologic failure will simply encourage this further, adding to the physical, emotional, and mental tolls of trialing through therapies and their side effects. It is crucial that patients have all the treatment options available to them in a timely manner.

We urge you to help individuals living with ulcerative colitis a chance to have timely access to all the available treatment options, including Zeposia®, so that they can significantly improve their quality of life.

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?
Zeposia® provides patients a convenient, easily accessible treatment option that can save healthcare resource dollars. Compared to biologics, patients do not need to go to the clinic for infusions or receive healthcare training and support for self-injection pens, which is also associated with risks and can be uncomfortable for some.

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. On page 7, the clinical expert raised doubts as to the efficacy of Zeposia® after biologics, since "the data for its effectiveness after anti-tumour failure is less promising." For a lifelong disease with very few treatment options compared to other chronic conditions, this is a serious risk that patients cannot afford. CADTH should continue to collect robust data to address this. This is especially important since Canada is an outlier when compared to the rest of the world with its biologic policies. To date, six of the provinces and territories (potentially seven with ON) have mandated non-medical switching policies with restricted criteria for exceptions, if any. Several, such as BC and Quebec, require patients to fail two or more biologics before they can progress to a different therapy. With two or more biologic failures (and the corresponding extra physician visits and testing, possibility even hospitalizations) before being able to access Zeposia®, could be costlier to the healthcare system in the long run, and this is detrimental to the patients!		
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. There is no clear rationale provided for requiring patients to fail a biologic since one of the conditions in the draft recommendation already proposes for pricing negotiations to not exceed the cost of treatment for the lowest priced advanced therapy. Patients are unique and they need diverse treatment options. Linear thinking and needing to fail another treatment first is not considerate of the patient's needs.		

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

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A. Patient Group Information	
Name	*Gail Attara*
Position	*President & Chief Executive Officer*
Date	*28-07-2022*
☒	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

Ozanimod (Zeposia UC)

(Celgene Inc., a Bristol Myers Squibb Company)

Indication: Ulcerative colitis

November 3, 2022

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0714
Name of the drug and Indication(s)	Ozanimod (Zeposia) for adult patients with moderately to severely active ulcerative colitis (UC)
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	☐
	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
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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
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.

Outstanding Implementation Issues

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Algorithm and implementation questions
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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	SR0714
Brand name (generic)	Zeposia (ozanimod)
Indication(s)	ulcerative colitis
Organization	Gastrointestinal Society
Contact information[a]	Name: Gail Attara

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.
We appreciate that the rationale for this amended recommendation recognizes patients' need for availability of different treatment options, especially those that have a different mechanism of action. The committee removed the requirement of biologic failure for initiation of reimbursement and amended it to following criteria as per those set out in public drug plans of provinces and territories, providing more flexibility in treatment options. They also acknowledged patient input on the preference of oral route of administration over other therapies for ulcerative colitis.

Thank you for helping individuals living with ulcerative colitis have access to all the available treatment options, including novel therapies such as Zeposia®!

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.
The committee implemented a condition that prevents the use of Zeposia® in combination with biologics or Janus kinase inhibitors. While this provides patients some protections on safety and potential adverse effects, we are still concerned about the impacts on the use of Zeposia® after anti-TNF biologic failure given the reality of non-medical switching (NMS) policies in seven jurisdictions across Canada. There is still a lack of data on the effectiveness of ozanimod after anti-TNF failure and we urge CADTH to lead robust RWE collection to address this and provide recommendations.

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.

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A. Patient Group Information	
Name	Gail Attara
Position	President & Chief Executive Officer
Date	03-11-2022
☒	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.		
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	Yes	☐
If yes, please detail the help and who provided it.		

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