CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

DARATUMUMAB (Darzalex)

(Janssen Inc.)

Indication: In combination with bortezomib, cyclophosphamide, and dexamethasone, for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis..

January 14, 2022

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0257-000
Brand name (generic)	Daratumumab (Darzalex)
Indication(s)	Darzalex SC in combination with bortezomib, cyclophosphamide, and dexamethasone, for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis.
Organization	Ontario Health (CCO) Hematology Drug Advisory Committee
Contact information[a]	Name: Dr. Tom Kouroukis Title: Provincial Head – Complex Malignant Hematology (OH-CCO) Email: [redacted]

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

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	☐

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

Hematology DAC recommends to add daratumumab, either during CyBorD or as maintenance therapy, regardless of the response to CyBorD in a time limited fashion (In reference to table 3, Generalizability).

[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	☒
OH-CCO provided secretariat support to the DAC in completing this input.		
2. Did you receive help from outside your clincian 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. Tom Kouroukis • Dr. Pierre Villeneuve • Dr. Lee Mozessohn		

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information			
CADTH project number	PCO257		
Brand name (generic)	Daratumumab SC		
Indication(s)	In combination with bortezomib, cyclophosphamide, and dexamethasone, for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis		
Organization	Canadian Myeloma Research Group (CMRG)		
Contact information[a]	Name: Donna E. Reece, M.D.		
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.

Although CMRG members generally agree with the committee's recommendations, there are several areas that should be addressed.

Reimbursement Condition, Initiation, Item 1.1. There are rare but clinically noted cases of classic AL, without meeting criteria for multiple myeloma, in whom non-invasive tissue biopsy (e.g., fat aspirate, salivary gland, rectum) does not demonstrate amyloid fibrils (15%) and in whom biopsy of the involved organ (usually heart) is contraindicated due to unacceptable risk to the patient (e.g., bleeding diathesis). Optimal AL therapy is warranted under these uncommon circumstances as potential a life-saving/life-extending measure. We strongly support access to DCyBorD for these rare patients.

Reimbursement Condition, Initiation, Item 1.2. Secondly, the criteria for measurable disease cited are mainly relevant for clinical trials in order to assess the responses more clearly. Even tiny excesses of amyloidogenic light chains—detectable at much lower levels--can accumulate insidiously over time and can cause severe organ damage. Occasionally, we only identify amyloid light chain infiltration by mass spectrometry in the affected organ. We strongly support access to DCyBorD for these patients as well. We recommend changing the wording to: "Evidence of a monoclonal protein in the serum, urine or affected organ."

Reimbursement Condition, Discontinuation, Item 4, Reason, paragraphs 1 and 3. The definition of renal progression-- defined in the cited reference (Palladini 2014) as ≥25% decrease in eGFR—should not be used as a reason to discontinue DCyBorD, nor should renal failure alone in the absence of other indicators of treatment failure.

The Palladini study was designed to assess the risk of progressing to dialysis and neither this definition of renal progression, or previous ones assessing the level of albuminuria/proteinuria, correlate with overall survival. Rather, survival in AL depends on the extent of cardiac involvement. Several considerations are relevant in this regard. First, there can be a potential disconnect between hematologic response and organ progression, particularly involving the kidney. Patients can achieve an excellent hematologic response but the creatinine clearance can deteriorate for reasons other than the progression of amyloid deposition in that organ particularly if renal function was marginal at diagnosis (i.e., due to overly aggressive diuresis in a patient with significant edema, drug toxicity, infection). Also AL patients with renal involvement may have heavy proteinuria and it is well documented that, even with a good hematologic response, maximal improvement in proteinuria may

require 2-3 years (or even longer). Unfortunately, persistent proteinuria of any etiology independently produces renal damage and hence a decrease in creatinine clearance. If these unrelated mechanisms of renal insufficiency or renal failure led to stopping the therapy prematurely in a patient with a good hematologic response, other affected organs such as the heart, liver and GI tract may not have the opportunity to "experience" the optimal therapeutic effect of DCyBorD. Finally, even if dialysis is needed, AL patient may continue to survive as long as a hematologic response is maintained.

Core to this concept is the understanding that the anti-plasma cell therapy suppresses the amyloid-producing clonal cells in the bone marrow and does not **directly** affect the organs in which the amyloid fibrils accumulate. As such, failure of improvement in the affected organ is **not** a measure of the failure of the anti-plasma cell therapy *per se*. On the other hand, failure to control amyloid production inevitably leads to ongoing accumulation of amyloid fibrils in multiple organs over time, including new ones, and proves fatal. In summary, the primary methodology to monitor the success of controlling the plasma cell clone includes the parameters reflecting clonal light chain production (SPEP, UPEP and sFLC).

CMRG members would therefore recommend that the wording for treatment discontinuation be adjusted to include "…upon hematologic progression, unacceptable toxicity or unacceptable patient tolerance."

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. Please see comments in Section 1.		
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.101		
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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Appendix 2. Conflict of Interest Declarations for Clinician Groups

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  - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
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	Yes	☐
If yes, please detail the help and who provided it.		
3. Did you receive help from outside your clincian 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: • Clinician 1 • Clinician 2 • *Add additional (as required)*		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	*Dr. Donna Reece*
Position	*Chief Medical Officer, CMRG*
Date	*14-01-2022*
☒	**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

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
BMS/Celgene	☐	☐	☒	☐
Janssen	☐	☐	☒	☐
Amgen	☐	☐	☒	☐
Sanofi	☒	☐	☐	☐
GSK	☒	☐	☐	☐
Takeda	☒	☐	☐	☐

New or Updated Declaration for Clinician 2	
Name	*Dr. Debra Bergstrom*
Position	*Associate Professor*
Date	*14-01-2022*
☒	**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

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Nothing to declare	☐	☐	☐	☐

New or Updated Declaration for Clinician 3	
Name	*Dr. Anthony Reiman*
Position	*MD Oncologist*
Date	*14-01-2022*
☒	**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

Company	Check Appropriate Dollar Range

	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Nothing to Declare	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

New or Updated Declaration for Clinician 4	
Name	*Irwindeep Sandhu*
Position	*MD, Associate Professor Dept of Oncology University of Alberta*
Date	*14-01-2022*
☒	**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
Celgene/BMS	☒	☐	☐	☐
Janssen	☒	☐	☐	☐
Amgen	☒	☐	☐	☐
Takeda	☒			
Sanofi	☒			
Kite/Gilead	☒			

New or Updated Declaration for Clinician 5	
Name	*Dr. Christopher Venner*
Position	*Hematologist Lymphoma and Myeloma Program, BC Cancer Vancouver Centre*
Date	*14-01-2022*
☒	**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

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000

Celgene/BMS	☒	☐	☐	☐
Takeda	☒	☐	☐	☐
Janssen	☒	☐	☐	☐
Amgen	☒			
Sanofi	☒			
GSK	☒			

New or Updated Declaration for Clinician 6	
Name	*Mohammed Aljama*
Position	*Hematologist, JCC. Assistant Professor, Department of Oncology*
Date	*14-01-2022*
☒	**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**
Jansen	☐	☒	☐	☐

New or Updated Declaration for Clinician 7	
Name	*Heather Sutherland*
Position	*Hematologist, Vancouver General Hospital*
Date	*01-14-2022*
☒	**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**
Sanofi	☒	☐	☐	☐
Amgen	☒	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 8	
Name	*Hira Mian*
Position	*Assistant Professor*
Date	*14-01-2022*
☒	**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**
Takeda, Jansen, BMS, Sanofi, Amgen, GSK (advisory board fees)	☐	☒	☐	☐
Jansen Research Funding	☐	☐	☐	☒
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 9	
Name	Sindu Kanjeekal
Position	Hematologist/oncologist
Date	14-01-2022
☒	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.

no conflicts

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 or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 10	
Name	Suzanne Trudel
Position	Oncologist
Date	14-01-2022

☒	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
Sanofi	☒	☐	☐	☐
BMS	☐	☐	☒	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 11	
Name	*Anette Hay*
Position	*Associate Professor, Queens University*
Date	*14-01-2022*
☒	**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 12	
Name	*Rodger Tiedemann*
Position	*Consultant Hematologist, Senior Scientist, Princess Margaret Cancer Centre, UHN, Toronto*
Date	*14-01-2022*
☒	**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
No COI	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

New or Updated Declaration for Clinician 13	
Name	*Christine Chen*
Position	*Hematologist, Princess Margaret Cancer Centre*
Date	*14-01-2022*
☒	**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			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
BMS	☒	☐	☐	☐
Janssen	☒	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 14	
Name	*Chloe Yang*
Position	*Staff Hematologist*
Date	*14-01-2022*
☒	**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

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 15	
Name	*Kevin Song MD*
Position	*Hematologist, Vancouver General Hospital*
Date	*14-01-2022*
☒	**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			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Bristol Myers Squibb	☐	☒	☐	☐
Janssen	☐	☒	☐	☐
Amgen	☐	☒	☐	☐

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0257
Name of the drug and Indication(s)	Daratumumab for AL amyloidosis
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
In the Background section, PAG is requesting the following addition “or 24 cycles up to a maximum of 2 years” to align with the requested PAG revision in Table 1. Reimbursement Reasons and Conditions under the “prescribing” heading. In Table 3. Responses to Questions from Drug Programs, under the “generalizability” heading, PAG is seeking clarification on the addition of daratumumab to patients who are currently progressing on the same first line therapy.
b) Reimbursement conditions and related reasons

In Table 1. Reimbursement Reasons and Conditions, the performance status in the clinical trial eligibility was ECOG 0, 1 or 2. PAG is requesting the following revision ">2" for physician discretion. In Table 1. Reimbursement Reasons and Conditions, under the heading “prescribing” PAG is requesting the following revision, “Daratumumab should be given in combination with CyBorD for 6 months followed by daratumumab monotherapy (starting in week 25) until disease progression *or 24 cycles up to* a maximum of 2 years.” In the Cost and Cost-Effectiveness summary table, in the “Treatment Cost” row, PAG is requesting adding the dosing information here for reference.
c) Implementation guidance
None.

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0257-000
Brand name (generic)	daratumumab
Indication(s)	Darzalex SC in combination with bortezomib, cyclophosphamide, and dexamethasone, for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis.
Organization	Myeloma Canada
Contact information[a]	Name: Jessy Ranger

Stakeholder agreement with the draft recommendation

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

"AL amyloidosis is a rare and incurable disease that is associated with substantial morbidity and a poor prognosis. pERC agreed that there is a significant unmet need for effective publicly funded treatment options in this patient population. Patients identified a need for access to effective treatments that provide better quality of life without debilitating side effects so that they can carry out daily life activities. Given the totality of the evidence, pERC concluded that DCyBorD met some of these needs to a certain extent by providing an effective treatment that can prevent or delay side effects of the disease related to organ damage and maintain quality of life with manageable side effects." p.3

- To date, there is no way to prevent amyloidosis. On the other hand, the earlier the diagnosis, the greater the chances of success of the treatment. Patients need more specific treatments to stop the progression of the disease and manage the side effects. When treatment of the disease requires suffering serious side effects, life with light chain (AL) amyloidosis is made even more difficult. The management of this pathology has to be multidisciplinary to be successful, considering patients' outcomes and quality of life as a whole.

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	☐

"All the patients surveyed rated access to effective treatments for AL amyloidosis as extremely important."
"In terms of what is important to patients when it comes to treating their AL amyloidosis, the majority of patient responses described a strong desire for effective treatments, a good/better quality of life and being able to continue daily activities without debilitating side effects of treatment."p.7

- The data presented makes evident that patients feel it is very important the treatments they receive are **effective,** and *not accompanied by* **debilitating side effects**, so they **can lead a life of best possible quality**.

Clarity of the draft recommendation

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

"pERC discussed that DCyBorD is the first Health Canada approved treatment for AL amyloidosis. CyBorD is considered the current standard of care for treatment in Canada; however, the regimen is used off-label and it is not funded in all jurisdictions."p. 6

"pERC discussed the uncertainty around end-stage organ failure management and the duration of treatment in the pharmacoeconomic analysis. " p.6 "pERC discussed that AL amyloidosis is a rare disease characterized by the deposition of light chain amyloid fibrils that accumulate predominantly in the heart and kidneys. pERC noted that cardiac damage is a major determinant of survival." p.6		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
"pERC agreed with the clinical experts that daratumumab can be administered by IV when SC administration is not possible or contraindicated."p.8 "pERC acknowledged these issues raised by the drug plans." p.8 "If patients are suitable for CyBorD treatment, the addition of daratumumab is expected to lead to better response without causing significant toxicity."p.9 "The timing of adding daratumumab to CyBorD should be left to the judgment of the treating clinician." p.9 • When all three subsets were asked "What is important to you when it comes to treating your light chain (AL) amyloidosis?" the majority of responses described a strong desire for a good/better quality-of-life.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
"Using the sponsor submitted price for daratumumab and publicly listed prices for all other drug costs, the incremental cost-effectiveness ratio (ICER) for DCyBorD was $67,484 per quality-adjusted life-year (QALY) compared with CyBorD. At this ICER, DCyBorD is not cost-effective at a $50,000 per QALY willingness to pay (WTP) threshold for adults with AL amyloidosis. A price reduction of at least 21% is required for DCyBorD to be considered cost-effective at a $50,000 per QALY threshold."p.3 • The $50K per QALY as not being aligned with the pCORD recommendations of past myeloma drug being at $100K per QALY. Patients need to understand why the value of a treatment on improving their health outcomes is less valuable now than when the pCODR made recommendations.		

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

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- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.

A. Patient Group Information	
Name	*Martine Elias*
Position	*Executive Director*
Date	*20220114*
☒	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
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0257
Brand name (generic)	Daratumumab
Indication(s)	In combination with bortezomib, cyclophosphamide, and dexamethasone, for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis
Organization	Janssen Inc.
Contact information[a]	[redacted]

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

Janssen agrees with the pCODR Expert Review Committee (pERC) recommendation that Daratumumab SC should be reimbursed for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis. DCyBorD is the first Health Canada approved treatment for AL amyloidosis and fills a significant unmet need in this patient population Janssen is in agreement with the Expert Committee's interpretation of the evidence from the ANDROMEDA study and appreciates that the superior treatment efficacy in terms of hematologic and organ response outcomes was acknowledged.

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	☐

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐

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