CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

niraparib abiraterone acetate (Akeega)

(Janssen Inc.)

Indication: With prednisone or prednisolone for: The treatment of adult patients with deleterious or suspected deleterious BRCA mutated (germline and/or somatic) metastatic castration resistant prostate cancer (mCRPC), who are asymptomatic/mildly symptomatic, and in whom chemotherapy is not clinically indicated.

January 18, 2024

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0336
Brand name (generic)	Akeega (niraparib abiraterone acetate)
Indication(s)	Akeega is indicated with prednisone or prednisolone for: The treatment of adult patients with deleterious or suspected deleterious BRCA mutated (germline and/or somatic) metastatic castration resistant prostate cancer (mCRPC), who are asymptomatic/mildly symptomatic, and in whom chemotherapy is not clinically indicated. Patients must have confirmation of BRCA mutation before AKEEGA treatment is initiated
Organization	Ontario Health (Cancer Care Ontario) Genitourinary Cancer Drug Advisory Committee ("GU DAC")
Contact information[a]	Name: Dr. Girish Kulkarni

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. The DAC would like clarification if niraparib and abiraterone can also be prescribed separately in order to accommodate for dose reductions.		
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.		

In condition #5, the statement needs to clarify that “other anticancer drugs” does not include LHRH therapy. The DAC is requesting to clarify the % price reduction applied for niraparib-abiraterone to be cost-effective at a $50,000 per QALY gained threshold.

[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	*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 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. OH-CCO provided a secretariat function to the group.		
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. Girish Kulkarni • *Add additional (as required)*		

C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
Name	Dr. Reeta Barua
Position	Ontario Health CCO Genitourinary Cancer Drug Advisory Committee member
Date	10-01-2024
☒	**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	Dr. Akmal Ghafoor
Position	Ontario Health CCO Genitourinary Cancer Drug Advisory Committee member
Date	10-01-2024
☒	**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	Dr. Sebastien Hotte
Position	Ontario Health CCO Genitourinary Cancer Drug Advisory Committee member
Date	10-01-2024
☒	**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	Dr. Christina Canil
Position	Ontario Health CCO Genitourinary Cancer Drug Advisory Committee member
Date	10-01-2024
☒	**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**
Janssen	☒	☐	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 5	
Name	Dr. Urban Emmenegger
Position	Ontario Health CCO Genitourinary Cancer Drug Advisory Committee member
Date	10-01-2024
☒	**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**
Janssen	☐	☒	☐	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

New or Updated Declaration for Clinician 6	
Name	Dr. Aly-Khan Lalani
Position	Ontario Health CCO Genitourinary Cancer Drug Advisory Committee member
Date	10-01-2024

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

Canada's Drug and Health Technology Agency

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0326
Name of the drug and Indication(s)	Niraparib and abiraterone for mCRPC
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

Please identify the specific text from the recommendation and provide a rationale for requesting a change in recommendation.

3. Clarity of the recommendation
Complete this section if editorial revisions are requested for the following elements

a) Recommendation rationale

Please provide details regarding the information that requires clarification.

b) Reimbursement conditions and related reasons

Please provide details regarding the information that requires clarification.

Version: 1.0
Publication Date: TBC
Report Length: 2 Pages

Single Technology

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. An update to the algorithm is needed (rapid algorithm) 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	PC0326
Brand name (generic)	AKEEGA™ (niraparib and abiraterone acetate)
Indication(s)	AKEEGA™ is indicated with prednisone or prednisolone for: The treatment of adult patients with deleterious or suspected deleterious BRCA mutated (germline and/or somatic) metastatic castration resistant prostate cancer (mCRPC), who are asymptomatic/mildly symptomatic, and in whom chemotherapy is not clinically indicated. Patients must have confirmation of BRCA mutation before AKEEGA™ treatment is initiated
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 draft recommendation to reimburse niraparib and abiraterone acetate (AKEEGA™) with prednisone or prednisolone with conditions for the first-line treatment of adult patients with deleterious or suspected deleterious BRCA mutated (germline and/or somatic) metastatic castration resistant prostate cancer (mCRPC), who are asymptomatic/mildly symptomatic, and in whom chemotherapy is not clinically indicated.

For clarity, Janssen recommends an editorial change that the initiation criteria on page 4, "Adults (18 years or older) with all of the following" should be adjusted to, "Niraparib and abiraterone should be reimbursed in the first-line treatment of adults (18 years or older) with all of the following".

Regarding the initiation criteria on page 4, "1.3. Have not received prior treatment with an ARPi for mCSPC or nmCRPC", consistent with Janssen's feedback on the draft clinical reviewers' report, Janssen emphasizes that the MAGNITUDE trial is the only combination, first line (1L) mCRPC trial that allowed for systemic therapies for metastatic castration sensitive prostate cancer (mCSPC) or non-metastatic castration resistant prostate cancer (nmCRPC), including androgen receptor-targeted therapy (e.g., apalutamide, darolutamide, or enzalutamide). Specifically, in the mCRPC BRCA subgroup, 5.3% of subjects in the AKEEGA™ group and 4.5% of subjects in the placebo group had received a prior novel AR-targeted therapy (e.g., enzalutamide, apalutamide).[1] This criteria suggest that patients who have received prior ARPi's (apalutamide and enzalutamide) should be eligible to receive AKEEGA™ once they progress to 1L mCRPC. Future real-world evidence will provide additional information on the sequencing of ARPi treatment to PARP inhibitors (PARPi) in combination with an ARPi.

Further, Janssen recommends removing "Furthermore, clinical experts and pERC noted that there is limited evidence to support a clinical benefit with sequencing of ARPis" on page 4 in the Initiation section as it refers specifically to sequencing of ARPi to ARPi in the non-BRCA patient, not the

sequencing of ARPi to PARPi + ARPi in BRCA patients, as per the MAGNITUDE trial. This statement does not consider the combined effect of a PARPi and ARPi following the use of an ARPi, nor the impact the combination has following an ARPi in a BRCA patient, who do not respond to treatment similarly to their non-BRCA counterparts. As mentioned above, the MAGNITUDE trial did enrol patients with previous ARPi in the trial and future real-world evidence will provide additional information on the sequencing of ARPi treatment to a PARPi in combination with an ARPi.

Janssen thanks CADTH for the review of AKEEGA™ plus prednisone or prednisolone in L1 mCRPC BRCA. Janssen supports conversion to final recommendation with the clarifications specified above.

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.

Sponsor's References

1. Janssen I. Clinical Study Report (CSR): A Phase 3, Randomized, Placebo-controlled, Double-blind Study of Niraparib in Combination With Abiraterone Acetate and Prednisone Versus Abiraterone Acetate and Prednisone for Treatment of Subjects With Metastatic Prostate Cancer - MAGNITUDE. Data on file. 2022.