Canada's Drug and Health Technology Agency

L'Agence des médicaments et des technologies de la santé au Canada

Updated CADTH Reimbursement Recommendations from a Streamlined Drug Class or Therapeutic Review

Optimal Pharmacotherapy for Transplant-Ineligible Multiple Myeloma

DRAFT for Stakeholder Feedback

November 30, 2023

Therapeutic Review

On November 30, 2023, the Formulary Management Expert Committee (FMEC) deliberated on a Therapeutic Review for Optimal Pharmacotherapy for Transplant-Ineligible Multiple Myeloma (TR0014).

Rationale for Updates to CADTH Reimbursement Recommendations

Based on the overall evidence on efficacy, safety, and costs, FMEC concluded with the following reimbursement recommendations:

Recommendation 1

- FMEC supports the use of first-line daratumumab in patients with multiple myeloma who are ineligible for transplant.

Recommendation 2

- FMEC recommends the choice between the use of carfilzomib/dexamethasone or pomalidomide/bortezomib/dexamethasone in the second- or third-line setting be left at the physician's discretion for patients with relapsed or refractory multiple myeloma who received a daratumumab-containing regimen in the first-line setting.

As described in the Therapeutic Review procedures, FMEC may provide updates to previous CADTH Reimbursement Recommendations, which can include amendments to the recommendation status and/or criteria/conditions, as appropriate.

FMEC have updated the previous criteria/conditions set out by pERC for therapeutics in Multiple Myeloma based on the scope of the therapeutic review. Note that only recommendations deemed to be relevant within the scope of the therapeutic review have been updated.

Updates to CADTH Reimbursement Recommendations

The CADTH recommendations in this document now supersede the previously published recommendations for the relevant therapeutics.

Refer to Table 1 (summary of revisions), Table 2 (summary of additions) and Table 3 (summary of affirmations with no changes) for the updated CADTH Reimbursement Recommendations for these drugs, which includes the previous final recommendations (pERC) and updates by FMEC.

Table 1 – Summary of Revisions to Previous CADTH Reimbursement Recommendations

Generic Name (Brand name)	Indication & Date Final Recommendation (pERC) Issued	Final Recommendation (pERC)	Revisions to pERC Recommendation (by FMEC)
N/A	N/A	N/A	N/A

N/A = not applicable

Table 2 – Summary of Additions to Previous CADTH Reimbursement Recommendations

Generic Name (Brand name)	Indication & Date Final Recommendation (pERC) Issued	Final Recommendation (pERC)	Addition(s) to pERC Recommendation (by FMEC)
Recommendation 1 • FMEC supports the use of first-line daratumumab in patients with multiple myeloma who are ineligible for transplant.			
Daratumumab (Darzalex) PC0148 August 29, 2019	In combination with bortezomib, melphalan and prednisone, for the treatment of patients with newly diagnosed multiple myeloma who are not suitable for autologous stem-cell transplant	pERC conditionally recommends to reimburse daratumumab in combination with bortezomib, melphalan, and prednisone (DVMP) for patients with newly diagnosed multiple myeloma who are not suitable for autologous stem-cell transplant if the following conditions are met: • cost-effectiveness being improved to an acceptable level	FMEC affirms the pERC recommendation. Eligibility for reimbursement of daratumumab in the first line setting should not be limited to its use as part of DVMP. The following addition to conditions for reimbursement will now apply. Pricing: • A reduction in the price of

		• feasibility of adoption (budget impact) being addressed Eligible patients include those with good performance status and treatment with the daratumumab component should continue until unacceptable toxicity or disease progression. Darzalex Recommendation	daratumumab is required for this treatment to be considered cost-effective at conventional willingness to pay thresholds, in the first line setting relative to being used as a treatment in the second-line setting.
Daratumumab (Darzalex) PC0189 March 5, 2020	In combination with lenalidomide and dexamethasone for the treatment of patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant	pERC conditionally recommends to reimburse daratumumab in combination with lenalidomide and dexamethasone (DRd) for patients with newly diagnosed multiple myeloma who are not suitable for autologous stem cell transplant if the following conditions are met: • cost-effectiveness being improved to an acceptable level • feasibility of adoption (budget impact) being addressed Eligible patients include those with good performance status and treatment with DRd should continue until unacceptable toxicity or disease progression. Darzalex Recommendation	FMEC affirms the pERC recommendation. Eligibility for reimbursement of daratumumab in the first line setting should not be limited to its use as part of DRd. The following addition to conditions for reimbursement will now apply. Pricing: • A reduction in the price of daratumumab is required for this treatment to be considered cost-effective at conventional willingness to pay thresholds, in the first-line setting relative to being used as a treatment in the second-line setting.
Recommendation 2 • FMC recommends the choice between the use of carfilzomib/dexamethasone or pomalidomide/bortezomib/dexamethasone in the second- or third-line setting be left at the			

physician's discretion for patients with relapsed or refractory multiple myeloma who received a daratumumab-containing regimen in the first-line setting.			
Pomalidomide (Pomalyst) PC0165 September 18, 2019	In combination with dexamethasone and bortezomib for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least one prior treatment regimen including lenalidomide.	pERC conditionally recommends the reimbursement of pomalidomide (Pomalyst) in combination with dexamethasone and bortezomib (PVd) for the treatment of adult patients with relapsed or refractory multiple myeloma (RRMM) who have received at least one prior treatment regimen including lenalidomide, if the following condition is met: • cost-effectiveness being improved to an acceptable level. Patients should have good performance status and treatment should be continued until disease progression or unacceptable toxicity. Pomalyst Recommendation	FMEC affirms the pERC recommendation. The following addition to conditions for reimbursement will now apply. Initiation: • Patient should have also received a daratumumab-containing regimen in the first-line setting (after the implementation date of daratumumab funding in their local jurisdiction). This may not apply to patients who did not receive daratumumab in the first-line setting when funding for this drug was not available yet.
Carfilzomib (Kyprolis) PC0084 March 30, 2017	In combination with dexamethasone alone in the treatment of patients with relapsed multiple myeloma who have received one to three prior lines of therapy.	pERC recommends reimbursement of carfilzomib (Kyprolis) in combination with dexamethasone (Dex) for patients with relapsed multiple myeloma with a good performance status who have received one to three prior treatments, on the condition that the cost-effectiveness be improved to an acceptable level.	FMEC affirms the pERC recommendation. The following addition to conditions for reimbursement will now apply. Initiation: • Patient should have also received a

		Kyprolis Recommendation	daratumumab-containing regimen in the first line setting (after the implementation date of daratumumab funding in their local jurisdiction). This may not apply to patients who did not receive daratumumab in the first-line setting when funding for this drug was not available yet.

Table 3 – Summary of Affirmations with No Changes to Previous CADTH Reimbursement Recommendations

Generic Name (Brand name)	Indication & Date Final Recommendation (pERC) Issued	Final Recommendation (pERC)	Affirmations with No Changes to pERC Recommendation (by FMEC)
Recommendation 1 • FMEC supports the use of first-line daratumumab in patients with multiple myeloma who are ineligible for transplant.			
Daratumumab (Darzalex) PC0079 December 1, 2016	For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an	pERC does not recommend reimbursement of daratumumab for the treatment of patients with multiple myeloma who 1) have received at least three prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); or 2) have failed or are intolerant to a PI and who have failed or are intolerant to an IMiD	Given the lack of certainty in the clinical evidence of daratumumab for the relapsed/refractory setting from the therapeutic review, FMEC affirms the current recommendations remains unchanged.

	immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an IMiD	Darzalex Recommendation	
Daratumumab (2nd line) – PC0104 October 5, 2017	In combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy	pERC recommends the reimbursement of daratumumab (Darzalex) in combination with lenalidomide and dexamethasone (Len-dex) or bortezomib and dexamethasone (Bor-dex) for the treatment of patients with multiple myeloma with good performance status who have received at least one prior therapy, conditional on the cost-effectiveness being substantially improved and adoption feasibility being addressed. Darzalex Recommendation	FMEC affirms the pERC recommendation.