



**pan-Canadian Oncology Drug Review  
Provincial Advisory Group (PAG) Feedback on a  
pCODR Expert Review Committee Initial  
Recommendation**

**Ruxolitinib (Jakavi) for Polycythemia Vera**

March 3, 2016

### 3 Feedback on pERC Initial Recommendation

Name of the drug indication(s): Ruxolitinib (Jakavi) for Polycythemia Vera

Endorsed by: Provincial Advisory Group Chair

Feedback was provided by all nine provinces (Ministries of Health and/or provincial cancer agencies) participating in pCODR.

#### 3.1 Comments on the Initial Recommendation

- a) Please indicate if the PAG (either as individual PAG members and/or as a group) agrees or disagrees with the initial recommendation:

agrees                       agrees in part                       disagree

Most PAG members providing feedback agreed with the initial pERC recommendation to fund ruxolitinib for patients with polycythemia vera conditional on the cost-effectiveness of ruxolitinib being improved to an acceptable level.

Some PAG members agreed in part with the recommendation because of the small and uncertain clinical benefits in symptom improvement, with no overall survival or progression-free survival data, for a very high cost treatment.

- b) Notwithstanding the feedback provided in part a) above, please indicate if the PAG would support this initial recommendation proceeding to final pERC recommendation ("early conversion"), which would occur within 2(two) business days of the end of the consultation period.

Support conversion to final recommendation.  
Recommendation does not require reconsideration by pERC.

Do not support conversion to final recommendation.  
Recommendation should be reconsidered by pERC.

Most PAG members providing feedback supported the conversion of the pERC initial recommendation to a pERC final recommendation.

Some PAG members are requesting reconsideration for the placement of a prominent and clear definition of intolerance to hydroxyurea, given that the number of patients who are intolerant to hydroxyurea varies with the definition and interpretation of intolerance. There are concerns patients would be switched unnecessarily from a fairly tolerated, inexpensive treatment with hydroxyurea to a very expensive treatment with ruxolitinib.

pERC is asked whether discontinuation criteria could be defined since in the real world patients may continue treatment with ruxolitinib indefinitely, as long as the drug tolerated, but in the absence of response as defined by the clinical trial.

Given that there is no overall survival and progression free survival data, PAG is requesting reconsideration of the small benefits based on observed response rates of hematocrit control, reduced spleen size, and reduction in symptoms, when balanced against the very high cost of this treatment.

- c) Please provide feedback on the initial recommendation. Is the initial recommendation or are the components of the recommendation (e.g., clinical and economic evidence) clearly worded? Is the intent clear? Are the reasons clear?

Page Number	Section Title	Paragraph, Line Number	Comments and Suggested Changes to Improve Clarity
2	Next Steps for Stakeholders	Last paragraph	PAG agrees that provincial tumor groups should come together to define duration of treatment and assessment parameters, at a national level to ensure consistency across the country.
2	Next Steps for Stakeholders	Managing Monthly Drug Costs to Improve Cost-Effectiveness	Ontario's disease site team agrees with the 24 week re-assessment for continued funding, rather than one year

### 3.2 Comments related to PAG input

Please provide feedback on any issues not adequately addressed in the initial recommendation based on the PAG input provided at the outset of the review on potential impacts and feasibility issues of adopting the drug within the health system.

Page Number	Section Title	Paragraph, Line Number	Comments related to initial PAG input
6	Economic Evaluation		Ontario's DST also noted that the flat per tablet pricing structure of ruxolitinib would be an implementation issue, especially when dose reductions are required. The DST believes that the clinical trial criteria should be adhered or there would be a risk of creep and the drug is very expensive.

### 3.3 Additional comments about the initial recommendation document

Please provide any additional comments:

Page Number	Section Title	Paragraph, Line Number	Additional Comments

## About Completing This Template

pCODR invites the Provincial Advisory Group (PAG) to provide feedback and comments on the initial recommendation made by the pCODR Expert Review Committee. (See [www.cadth.ca/pcodr](http://www.cadth.ca/pcodr) for information regarding review status and feedback deadlines.)

As part of the pCODR review process, the pCODR Expert Review Committee makes an initial recommendation based on its review of the clinical, economic and patient evidence for a drug. (See [www.cadth.ca/pcodr](http://www.cadth.ca/pcodr) for a description of the pCODR process.) The pERC initial recommendation is then posted for feedback and comments from various stakeholders. The pCODR Expert Review Committee welcomes comments and feedback that will help the members understand why the PAG, either as individual PAG members and/or as a group, agrees or disagrees with the pERC initial recommendation. In addition, the members of pERC would like to know if there is any lack of clarity in the document and if so, what could be done to improve the clarity of the information in the pERC initial recommendation. Other comments are welcome as well.

All stakeholders have 10 (ten) business days within which to provide their feedback on the initial recommendation and rationale. If all invited stakeholders agree with the recommended clinical population described in the initial recommendation, it will proceed to a pERC final recommendation by 2 (two) business days after the end of the consultation (feedback) period. This is called an “early conversion” of an initial recommendation to a final recommendation.

If any one of the invited stakeholders does not support the initial recommendation proceeding to a pERC final recommendation, pERC will review all feedback and comments received at the next possible pERC meeting. Based on the feedback received, pERC will consider revising the recommendation document as appropriate. It should be noted that the initial recommendation and rationale for it may or may not change following consultation with stakeholders.

The pERC final recommendation will be made available to the participating provincial and territorial ministries of health and cancer agencies for their use in guiding their funding decisions and will also be made publicly available once it has been finalized.

## Instructions for Providing Feedback

- a) Only members of the PAG can provide feedback on the pERC initial recommendation; delegates must work through the PAG representative to whom they report.
  - a. Please note that only one submission is permitted for the PAG. Thus, the feedback should include both individual PAG members and/or group feedback.
- b) Feedback or comments must be based on the evidence that was considered by pERC in making the pERC initial recommendation. No new evidence will be considered at this part of the review process, however, it may be eligible for a Resubmission.
- c) The template for providing *Provincial Advisory Group (PAG) Feedback on a pERC Initial Recommendation* can be downloaded from the pCODR website. (See [www.cadth.ca/pcodr](http://www.cadth.ca/pcodr) for a description of the pCODR process and supporting materials and templates.)
- d) At this time, the template must be completed in English. PAG should complete those sections of the template where they have substantive comments and should not feel obligated to complete

every section, if that section does not apply. Similarly, PAG should not feel restricted by the space allotted on the form and can expand the tables in the template as required.

- e) Feedback on the pERC Initial Recommendation should not exceed three (3) pages in length, using a minimum 11 point font on 8 ½" by 11" paper. If comments submitted exceed three pages, only the first three pages of feedback will be forwarded to the pERC.
- f) Feedback should be presented clearly and succinctly in point form, whenever possible. The issue(s) should be clearly stated and specific reference must be made to the section of the recommendation document under discussion (i.e., page number, section title, and paragraph). Opinions from experts and testimonials should not be provided. Comments should be restricted to the content of the initial recommendation.
- g) References to support comments may be provided separately; however, these cannot be related to new evidence. New evidence is not considered at this part of the review process, however, it may be eligible for a Resubmission. If you are unclear as to whether the information you are considering to provide is eligible for a Resubmission, please contact the pCODR Secretariat.
- h) The comments must be submitted via a Microsoft Word (not PDF) document to the pCODR Secretariat by the posted deadline date.
- i) If you have any questions about the feedback process, please e-mail [submissions@pcodr.ca](mailto:submissions@pcodr.ca).

*Note: Submitted feedback may be used in documents available to the public. The confidentiality of any submitted information cannot be protected.*