



Modulators for Treatment of Cystic Fibrosis: Effectiveness and Value

Draft Voting Questions for May 17, 2018 Public Meeting

These questions are intended for the deliberation of the Midwest CEPAC voting body at the public meeting.

Comparative Clinical Effectiveness

- 1) For individuals with approved gating, non-gating, and residual function mutations (including but not limited to *G551D* and *R117H*), is the evidence adequate to demonstrate that the net health benefit of treatment with ivacaftor with best supportive care is greater than that of best supportive care alone?
Yes No
- 2) For individuals who are homozygous for the *F508del* mutation, is the evidence adequate to demonstrate that the net health benefit of treatment with lumacaftor/ivacaftor with best supportive care is greater than that of best supportive care alone?
Yes No
- 3) For individuals who are homozygous for the *F508del* mutation, is the evidence adequate to demonstrate that the net health benefit of treatment with tezacaftor/ivacaftor with best supportive care is greater than that of best supportive care alone?
Yes No
- 4) For individuals who are homozygous for the *F508del* mutation, is the evidence adequate to distinguish the net health benefit between treatment with tezacaftor/ivacaftor with best supportive care and lumacaftor/ivacaftor with best supportive care?
Yes No
- 5) For individuals who are candidates for tezacaftor/ivacaftor combination therapy because they carry one *F508del* mutation and residual function mutation that is potentially responsive to tezacaftor/ivacaftor, is the evidence adequate to demonstrate that the net health benefit of treatment with tezacaftor/ivacaftor with best supportive care is greater than that of best supportive care alone?
Yes No

Other Benefits – For Discussion during the Public Meeting

At the public meeting of Midwest CEPAC, panel members will be asked to comment on which of the following Other Benefits they find important to consider in thinking about the overall value of the three drugs under study.

When **compared to best supportive care**, does ivacaftor monotherapy, ivacaftor/lumacaftor, or tezacaftor/ivacaftor offer one or more of the following “other benefits”? (yes, no, uncertain)

- a. This intervention offers reduced complexity that will significantly improve patient outcomes.
- b. This intervention will reduce important health disparities across racial, ethnic, gender, socioeconomic, or regional categories.
- c. This intervention will significantly reduce caregiver or broader family burden.
- d. This intervention offers a novel mechanism of action or approach that will allow successful treatment of many patients who have failed other available treatments.
- e. This intervention will have a significant impact on improving patients’ ability to return to work and/or their overall productivity.
- f. This intervention will have a significant positive impact outside the family, including on schools and/or communities.
- g. This intervention will have a significant impact on the entire “infrastructure” of care, including effects on screening for affected patients, on the sensitization of clinicians, and on the dissemination of understanding about the condition, that may revolutionize how patients are cared for in many ways that extend beyond the treatment itself.
- h. There are other important benefits or disadvantages that should have an important role in judgments of the value of this intervention: _____

Contextual Considerations – For Discussion during the Public Meeting

At the public meeting of Midwest CEPAC, panel members will be asked to comment on which of the following Contextual Considerations they find important to consider in thinking about the overall value of the three drugs under study.

Are any of the following contextual considerations important in assessing ivacaftor’s, ivacaftor/lumacaftor’s, or tezacaftor/ivacaftor’s long-term value for money in patients? (yes, no, uncertain)

- a. This intervention is intended for the care of individuals with a condition of particularly high severity in terms of impact on length of life and/or quality of life.
- b. This intervention is intended for the care of individuals with a condition that represents a particularly high lifetime burden of illness.
- c. This intervention is the first to offer any improvement for patients with this condition.
- d. Compared to best supportive care, there is significant uncertainty about the long-term risk of serious side effects of this intervention.
- e. Compared to best supportive care, there is significant uncertainty about the magnitude or durability of the long-term benefits of this intervention.
- f. There are additional contextual considerations that should have an important role in judgments of the value of this intervention: _____.

