



# Siponimod for the Treatment of Secondary Progressive Multiple Sclerosis: Effectiveness, Value, and Value-Based Price Benchmarks

## Questions for Deliberation and Voting: May 23, 2019 Public Meeting

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

### Clinical Evidence

1. In patients with **active** SPMS, is the evidence adequate to demonstrate that the net health benefit provided by siponimod is superior to that provided by best supportive care?

Yes                      No

2. In patients with **non-active** SPMS, is the evidence adequate to demonstrate that the net health benefit provided by siponimod is superior to that provided by best supportive care?

Yes                      No

### Potential Other Benefits or Disadvantages and Contextual Considerations

3. For patients with SPMS, does siponimod offer one or more of the following potential “other benefits or disadvantages” versus best supportive care not adequately captured in the clinical trial data or base-case cost-effectiveness model results?” (select all that apply)
  - a. This intervention will significantly reduce caregiver or broader family burden.
  - b. This intervention offers a novel mechanism of action or approach that will allow successful treatment of many patients for whom other available treatments have failed.
  - c. This intervention will have a significant impact on improving patients’ ability to return to work and/or their overall productivity.
  - d. There are other important benefits or disadvantages that should have an important role in judgments of the value of this intervention: \_\_\_\_\_

4. For patients with SPMS, are any of the following contextual considerations important in assessing siponimod’s long-term value for money versus best supportive care? (select all that apply)
- 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. There is significant uncertainty about the long-term risk of serious side effects of this intervention.
  - e. 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: \_\_\_\_\_.

### **Long-term Value for Money**

As described in ICER’s value assessment framework, questions on long-term value for money are subject to a value vote when incremental cost-effectiveness ratios for the interventions of interest are between \$50,000 and \$175,000 per QALY in the primary “base case” analysis. The base case estimates of the cost per QALY for siponimod exceed the higher end of this range, and therefore the treatment is deemed “low long-term value for money” without a vote unless the CEPAC determines in its discussion that the Evidence Report base case analysis does not adequately reflect the most probable incremental cost-effectiveness ratio for siponimod.