ODPRN ONTARIO DRUG POLICY RESEARCH NETWORK

Allergen Immunotherapy

Stakeholder Review: Comprehensive Research Plans

June 2015

GENERAL

Comment: There is a non-peer reviewed document that outlines recommendations on how to prescribe allergen immunotherapies. This document is approximately four years old. In addition, a peer-reviewed supplemental document outlining various recommendations for practising physicians is available; however this document is not a full guideline.

Response: *These documents will be reviewed and considered by the ODPRN.*

Comment: Disease modification should be considered. For example, patients treated with venom immunotherapy for 5 years may eventually be cured. The ODPRN should consider long-term outcomes as well. Sometimes therapy will be used longer than 5 years if a patient has had a severe reaction.

Response*: The Pharmacoepidemiolgy team will try to determine how long individuals are receiving therapy. Although the analyses may not be able to address disease modification, we will be able to determine duration of therapy. The Systematic Review team will consider including long term outcomes in their analyses.*

Comment: Why is the ODPRN conducting a rapid review on Allergen Immunotherapy as opposed to a full review?

Response: *The OPDP requested that the ODPRN conduct a rapid review of Allergen Immunotherapy in order to meet internal deadlines.*

Comment: The economic impact demonstrates $1.5 million in expenditures for 5400 patients. Over what time period does this account for?

Response: *These are the expenditures through the Ontario Public Drug Program over a one (1) year period and represents patients over a two (2) year period.*

Comment: Allergy serums can be compounded in various locations including doctor's offices and pharmacies. Quality control/standard may be different from one location to another, as it is not clear what standards need to be followed. ODPRN should consider the standards for compounding these products as part of their review.

Response: *Thank you for your comment. The scope of the drug class review is to provide recommendations for reimbursement. The quality control for the compounding of these does not fall within the scope of our review. However, if during the review process we find information suggesting that quality control may be an issue, we can include this information in our report.*

Comment: Several suggestions for reimbursement considerations for allergen immunotherapy are as follows:

1. Consider only allowing Royal College certified allergists to prescribe immunotherapy.
2. I strongly suggested not limiting venom immunotherapy for severe reactions.
3. Limit the price of immunotherapy to what the labs charge. The labs would be Omega or ALK Canada.
4. Limit immunotherapy to 5 years except in cases of severe venom reactions.

5. Allow only immunotherapy that is prescribed in the proper dosing based on our Immunotherapy manual and published guidelines.

Response: *Thank you for your suggestions. At this point in our review, we have not yet considered reimbursement options. This is done when the review of the evidence is completed. We will review and consider the suggestions as outlined above.*

Qualitative Research Team

Comment: It would be interesting to assess the impact of allergies on asthma and immunotherapy on asthma.

Response: *We aim to recruit patients using allergen immunotherapy for various indications including asthma.*

Comment: There would be value in gathering the impact of immunotherapy on perceived quality of life for SCIT and SLIT separately.

Response: *Our interview guide has a section on perceived quality of life and we aim to recruit patients who have experience with SCIT and/or SLIT.*

Comment: Given the fact that immunotherapies for new allergens have come and will be coming on the market, it would be interesting to know if the concept of immunotherapy can now be generally accepted (no need to prove the concept again for each new allergen as it is the case currently). The research may show consistent results that could inform this question.

Response: *We will be probing physicians and patients to understand what their perceptions are of the concept of immunotherapy, including their perception of trends over the last 5 years.*

Comment: The study population should also include caretakers of children who are using immunotherapy (SCIT and SLIT separately).

Response*: Since the OPDP requested that the ODPRN conduct a rapid review of Allergen Immunotherapy caretakers of children are outside of the scope of this review.*

Comment: Because RAGWITEK® has not been on the market (and publicly reimbursed) for a long time, it may be hard to find physicians and patients with experience with the product. Similarly, given that GRASTEK® is not publicly covered, testimonies on this product will only be obtained via interviews with privately covered patients.

Response: *We will be interviewing patients with a range of coverage (i.e. ODB, private coverage and out of pocket).*

Systematic Review Unit

Comment: It would be interesting to add a question on the state of evidence supporting the sustained long term effect of immunotherapy following treatment discontinuation (SLIT and SCIT).

Response: *Thank you for your feedback. We have not adjusted the number of research questions, but we will be able to comment on long-term outcomes if they are summarized by the reviews that are included and/or the individual randomized controlled trials that are included.*

Comment: A combined score (e.g. Total Combined Score) should be included as a key outcome as the combined measure of symptoms and medication use is recommended for regulatory approval (FDA, EMA).

Response: *Thank you for your feedback. We have noted your comment and added this outcome to our protocol in the PICO.*

Pharmacoepidemiology Unit

Comment: Utilization of SCIT may be difficult to capture in databases such as PharmaStat and CompuScript because:

- DINs are not always accurately captured;
- multiple allergen extracts can be mixed under one “claim”;
- varying dosing schedules (and these data are not patient-level)
- there is probably a high proportion of cash paying patients due to the low cost of the allergen extracts.

As such, trends for SCIT use could be underestimated. How would multiple allergens be captured?

Response*: We agree that the SCIT data will be difficult capture in all of our data sources because of the issues outlined above. Furthermore, IMS does not capture information on the individualized, serum SCIT, and therefore we restricted the SCIT analyses to Pollinex-R only. We will make sure to contextualize the prescription rates within the limitations outlined above, but believe that the cost information will still be informative for this analysis of Pollinex-R. We will also be presenting information on the SLIT products (Oralair, Grastek and Ragwitek).*

Comment: Why is it only Pollinex-R that is included in Objective 1, and not all SCIT?

Response: *Please see our response to the comment above for more information. The data available from IMS Compuscript only has SCIT utilization information for*

Pollinex-R, and therefore we are unable to evaluate utilization patterns of other SCIT (i.e. individualized serum SCIT). We will add this to the limitation for Objective 1.

Comment: It would be important to describe the characteristics of individuals being prescribed immunotherapy separately for SCIT and SLIT (e.g. % mono vs. poly-sensitized, age, etc.)

Response: *We are unable to obtain patient information for users of these products outside of Ontario beyond some basic age group information that we will be presenting in Objective 2 using NPDUIS data. We will, however, summarize patient characteristics among a subset of users of publicly-funded allergen immunotherapy in Ontario in Objective 3. We are unable to look at patient characteristics of SLIT in this analysis because these products were not made available in Ontario until mid-2014, and we only have complete data up to March 2014.*

Comment: For Analysis 5, given the fact that a) GRASTEK® is not publicly covered and b) RAGWITEK® was only added on the formulary, it will not be possible to determine the duration of immunotherapy amongst new users. Similarly, Oralair was only added to the formulary in early 2014, data on this product will fall out of scope for this analysis.

Response: *This analysis will no longer be performed due to the incomplete allergen immunotherapy data.*

Pharmacoeconomics Team

Comment: It is unclear what “placebo” and “other immunotherapies” mean in the context of a budget impact (“What is the budget impact of alternative policies for reimbursing allergen immunotherapy options versus placebo, other immunotherapies, …”

Response: *This was a typographical error the CRP should read:*

“What is the budget impact of alternative policies for reimbursing allergen immunotherapy options for the treatment of allergic rhinitis and/or asthma?”