April 29, 2021

***Submitted electronically to:*** publiccomments@icer-review.org

Steven D. Pearson, MD, President
Institute for Clinical and Economic Review
Two Liberty Square, Ninth Floor
Boston, MA 02109

*Re: Scoping document for hypertrophic cardiomyopathy therapy*

Dear Dr. Pearson:

On behalf of the Institute for Patient Access, I thank you for the opportunity to provide comments regarding ICER's scoping document titled "Mavacamten for Hypertrophic Cardiomyopathy," dated April 8, 2021.

**About the Institute for Patient Access**

The Institute for Patient Access (IfPA) is a physician-led policy research organization dedicated to maintaining the primacy of the physician-patient relationship in the provision of quality health care. To further that mission, IfPA produces educational materials and programming designed to promote informed discussion about patient-centered care. IfPA was established in 2012 by the leadership of the Alliance for Patient Access, a national network of health care providers committed to shaping a patient-centered health care system. IfPA is a 501(c)(3) public charity nonprofit organization.

**Scoping Document Comments**

To ensure that the results of the forthcoming evidence report are applicable to the patient community, the mavacamten cost-effectiveness analysis should account for the following issues.

First, there are important differences between obstructive and non-obstructive hypertrophic cardiomyopathy. All hypertrophic cardiomyopathy patients report certain symptoms: fatigue, shortness of breath upon exertion, light-headedness, exercise intolerance, palpitations, dizziness after exertion, chest pain and fainting.[1] Patients living with obstructive hypertrophic cardiomyopathy, however, are more likely to report more of these symptoms, more severe symptoms and worsening symptoms after their diagnosis.[2] Patients with obstructive hypertrophic cardiomyopathy are also more likely to have symptoms that impact their ability to work. Since patients living with obstructive hypertrophic cardiomyopathy experience a greater number of

[1] Zaiser, E., Sehnert, A.J., Duenas, A. et al. Patient experiences with hypertrophic cardiomyopathy: a conceptual model of symptoms and impacts on quality of life. J Patient Rep Outcomes 4, 102 (2020). https://doi.org/10.1186/s41687-020-00269-8
[2] Ibid.

symptoms that are more severe and tend to worsen over time, an effective treatment for them will have greater value than an effective treatment for patients living with the non-obstructive form of the disease.

This conclusion is strengthened by the clinical costs associated with obstructive hypertrophic cardiomyopathy. According to one study, the average hospitalization cost for a patient diagnosed with the disease was $25,433, and the patient stayed in the hospital for an average of 4.9 days.[3] Of note, these costs do not include the considerable expenditures many patients required after discharge.

These results are important with respect to mavacamten because the Food and Drug Administration is evaluating the medicine's efficacy for adults with obstructive hypertrophic cardiomyopathy.[4] Given the different burdens posed by the two different forms of the disease, and the intention of mavacamten to treat obstructive hypertrophic cardiomyopathy patients specifically, the evidence report should evaluate only the costs and benefits for patients with that form of the disease.

Second, according to the scoping document, the economic model will compare cost outcomes to patients with "related conditions such as heart failure." While there are some common strategies, such as lifestyle changes, for treating heart disease regardless of the type, treatment options vary depending on the type of heart disease a patient has. Considering the important differences between heart failure and obstructive hypertrophic cardiomyopathy, the evidence report should not compare mavacamten's cost effectiveness to that of treatment options for other types of heart disease.

Third, care should be taken when comparing the cost-effectiveness of mavacamten to "usual care" alone. The usual care that many patients experience is not ideal; it can entail invasive surgical procedures or medications aimed at treating symptoms of the disease rather than the cause. When comparing mavacamten to usual care, ICER economists should consider not just cost differences but also the significant potential improvements that mavacamten, as an oral therapy that treats the underlying cause of the disease, may offer patients.

Fourth, it is important that ICER adjusts the cost thresholds used in the analysis. The obstructive hypertrophic cardiomyopathy population is relatively small, but the patient burden from the disease, as measured in its financial costs and its impact on patients' quality of life, is high. Without adjustment, the typical cost thresholds used by ICER will be biased against patients living with obstructive hypertrophic cardiomyopathy.

Fifth, the evidence report should account for the large non-health care costs imposed by the disease. As the Zaiser et al. (2020) study documented, obstructive hypertrophic cardiomyopathy meaningfully reduces patients' quality of life and impacts patients' ability to work. The

[3] Jan A, Anwar Shah M., Rehman S., Rungatscher A., Ahmed N, Faggian G. Hypertrophic obstructive cardiomyopathy and the cost of treatment. EJCM 2016; 04 (2): 27-32. Doi: 10.15511/ejcm.16.00227.
[4] https://clinicaltrials.gov/ct2/show/NCT03470545.

meaningful impact on patients' ability to work means that, to the extent that mavacamten is efficacious, it will significantly reduce the non-health care costs that patients currently bear.

Some of these costs, such as patients' improved ability to work or their ability to be more productive at work, will be easier to quantify. Other benefits, such as the improved ability to participate more fully in life without experiencing fatigue or dizziness, will be more difficult to quantify. For an accurate assessment of mavacamten, all potential benefits should be appropriately evaluated. Ignoring either type of cost in the evidence report will undervalue mavacamten and could inappropriately obstruct patients' access to a drug that provides a net benefit.

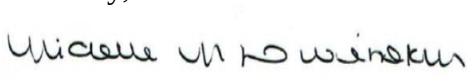
**Conclusion**

An efficacious treatment that reduces the symptoms and risk factors associated with obstructive hypertrophic cardiomyopathy delivers great value to patients. Analyses that fail to consider all of the potential benefits, particularly the quality-of-life and productivity benefits, will undervalue this drug.

The evidence report will also undervalue mavacamten if it does not distinguish patients living with obstructive hypertrophic cardiomyopathy from those living with non-obstructive hypertrophic cardiomyopathy or heart failure. Conflating or combining these patient populations will lead to an understatement of the per-patient costs of this disease and, consequently, undervalue the benefits.

If IfPA can provide further detail or aid the Institute for Clinical and Economic Review in incorporating any of the above recommendations into its analysis, please contact us at 202-499-4114.

Sincerely,



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