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National Health Care Institute
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2023049043

Our reference
2023049043

Date 21 December 2023
Re: GVS advice on voclosporin (Lupkynis®)

Dear Mr Kuipers,

In the letter of 29 August 2023 (reference no. CIBG -23-05971) you asked National Health Care Institute to carry out a substantive assessment to determine whether the medicinal product voclosporin (Lupkynis®) is interchangeable with a product included in the Medicine Reimbursement System (GVS), and if not, to assess its therapeutic value. The National Health Care Institute, advised by the Scientific Advisory Board (WAR), has completed this assessment. Interested parties were also consulted. The considerations are set out in the attached reports.

Voclosporin is indicated in combination with mycophenolate mofetil (MMF) for the treatment of adult patients with class III, IV or V (including mixed class III/V and IV/V) lupus nephritis (LN) .
Voclosporin is available as soft capsules containing 6.7mg voclosporin. The recommended dose is 23.7 mg (three 7.9 mg soft capsules), twice a day.

The market authorisation holder requests inclusion in List 1B of the Health Insurance Regulation for the treatment of patients with class III, IV or V (including mixed class III/V and IV/V) lupus nephritis (LN) for whom the standard primary care immunosuppressive treatment was insufficiently effective.

Outcome of the substantive assessment
Assessment of interchangeability
To determine the place of a medicinal product in the GVS, its interchangeability with medicinal products already included in the GVS must first be assessed. Based on the criteria for interchangeability, voclosporin is not interchangeable with other medicinal products included in the GVS.

Therapeutic value
Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that can manifest itself in several organs. When the kidneys are affected, it is called lupus nephritis (LN). LN is an incurable disease that can cause permanent kidney damage and, if left untreated, can be fatal.

The standard initial primary care treatment for Class III-V lupus nephritis patients is mycophenolate mofetil (MMF) with prednisone or low-dosage cyclophosphamide

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(CY). The next step is to add a calcineurin inhibitor (usually tacrolimus) or belimumab. In addition, corticosteroids are used regardless of the treatment step. For the patient population relevant for voclosporin, tacrolimus and belimumab are the most relevant comparative treatments.

The National Health Care Institute has concluded that voclosporin, as an addition to MMF-containing background therapy in combination with a corticosteroid, as a primary care treatment of patients with active lupus nephritis class III, IV and V (including mixed class III/V and IV/V), complies with the established medical science and medical practice. The National Health Care Institute concludes, on the basis of the data, that the medicinal product has an equal value to tacrolimus and belimumab.

Budget impact analysis (BIA)
The number of patients in the Netherlands with Class III, IV and V LN ranges from 433 to 630 patients. The incidence of Class III, IV and V LN patients ranges from 39 to 44 per year. Based on various assumptions, the National Health Care Institute estimates that 85 to 121 patients will be treated with voclosporin in year 3 after market introduction.

The cost of voclosporin is €9,733.33 per patient per year.
Taking into account the assumptions around patient numbers, market penetration and patient compliance, inclusion on list 1B of the GVS of voclosporin (Lupkynis®) in combination with mycophenolate mofetil for the treatment of adult patients with active lupus nephritis class III, IV or V (including mixed class III/V and IV/V) is accompanied by additional costs for the pharmaceutical budget of between €0.2 million and €0.3 million if no distinction is made between the extramural (pharmaceutical care) and intramural (medical care) pharmaceutical budget.

Since the replacement treatments are an extramural (tacrolimus) and an intramural (belimumab) product, it is also relevant to understand the impact of voclosporin on the extramural (pharmaceutical care) budget and the intramural (medical care) pharmaceutical budget. The use of voclosporin in the third year will result in additional costs for the extramural pharmacy budget of between €634,364 and €891,766. In addition, between €415,680 and €575,303 will be saved on the intramural pharmacy budget because the extramural voclosporin replaces the intramural belimumab.

Pharmaco-economic analysis
Given the equivalent value of voclosporin compared to tacrolimus and belimumab, a pharmaco-economic analysis is not applicable and the (net) price of a treatment with voclosporin should not exceed that of a treatment with tacrolimus.

Advice
Based on the above considerations, the National Health Care Institute advises you to include voclosporin in List 1B and List 2 in the GVS, provided that the (net) price of a treatment with voclosporin does not exceed that of a treatment with tacrolimus.

The National Health Care Institute advises the following further condition:
Only for an insured person with active lupus nephritis (LN) Class III, IV or V (including mixed Class III/V and IV/V) for whom the standard primary care

immunosuppressive treatment was insufficiently effective.

Yours sincerely,

Sjaak Wijma
Chairperson of the Executive Board

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