Zorginstituut Nederland

Fingolimod (Gilenya)

Summary of recommendations by *Zorginstituut Nederland* dated 8 July 2016

Zorginstituut Nederland has advised on amending the conditional inclusion of the medicine fingolimod (Gilenya®) in the Medicines Reimbursement System (GVS), whereby they reached the following conclusion.
Based on the criteria of the GVS, the *Zorginstituut* advises completely removing the condition to fingolimod's inclusion in List 2 and replacing it with another condition.

Background

In a letter dated 12 July 2016, Zorginstituut Nederland wrote to the Ministry of Health, Public Welfare and Sport advising them to alter the List 2 condition attached to the reimbursement of fingolimod (Gilenya®) under the GVS system.

This advice was prompted by the manufacturer's having asked Zorginstituut Nederland to amend the conditional reimbursement to the fact that it can be used on patients with active relapsing remitting multiple sclerosis (RRMS) after the failure of one disease modifying treatment, instead of after two disease modifying treatments. For the rest, this use is also mentioned as such in fingolimod's registered indication.

Current situation

Fingolimod 0.5 mg capsules have been placed on List 1B of the GVS.
Reimbursement is only possible based on the following condition:

Condition:
For insured patients aged eighteen years or over:
a. with highly active relapsing remitting multiple sclerosis who had at least one relapse in the previous year while on therapy, and have at least 9 T2-hyperintense lesions in cranial MRI or at least 1 Gadolinium enhancing lesion:
1. who did not respond to treatment with interferon β *and* glatiramer, or
2. who did not respond to adequate treatment with interferon β *or* glatiramer during at least 1 year and whereby starting or continuing the other first-line drug is not possible due to the following serious contraindications:
* for interferon β: oversensitivity to interferon β or human albumin, or severe depression and/or suicidal tendencies, or
* for glatiramer: oversensitivity to glatiramer or mannitol, or patients who, after long-time administration, no longer tolerate interferon β injections due to local injection site reactions, or

b. who were treated with natalizumab due to highly active relapsing remitting multiple sclerosis and whose treatment with natalizumab has been terminated due to a positive John Cunningham (JC) virus antibody test.

Considerations

The Zorginstituut is of the opinion that the recent assessment of alemtuzumab (Lemtrada®), about which we informed the Minister on 24 March 2016, provides sufficient substantiation for amending fingolimod's List 2 condition and allowing the reimbursement of treatment of adult patients with highly active RRMS after the failure of one disease modifying treatment.
After all, the said assessment report on alemtuzumab concluded that the value of using alemtuzumab is equivalent to that of the second line drugs fingolimod and natalizumab (Tysabri®) in the treatment of patients with active relapsing remitting multiple sclerosis who responded insufficiently to previous therapy.

We also advise you to remove the current condition 'who has been treated with natalizumab due to highly active relapsing remitting multiple sclerosis and whose treatment has been terminated due to a positive anti-JC virus antibody test.' The reason for this is that the Medicines Evaluation Board advises doctors to be alert to the risk of progressive multifocal leukoencephalopathy (PML) in relation to users of fingolimod, as PML has also been reported with this drug in cases of positive JC virus DNA. When switching therapy due to the risk of PML, it seems wiser to first switch to a drug with no reports of PML.

Proposed new List 2 condition for finglolimod

Based on the above considerations, we advise you to completely remove the current List 2 condition and replace it with the following condition:

Condition:
For an insured patient aged eighteen years or over:
with highly active relapsing remitting multiple sclerosis (RRMS) who did not respond to treatment with at least one disease modifying treatment.

Amending this condition as proposed above will be accompanied by economising €1,945,614 on the estimated additional costs to the pharmacy budget after three years. This is a maximum scenario. Because the additional costs are less than 2.5 million euro, exemption is granted from performing a pharmaco-economic analysis.

Evaluation

On the initiative of your ministry and Zorginstituut Nederland, a Round Table involving the entire care sector has been set up for Multiple Sclerosis (MS). This was prompted by a significant change in prescription policy and prescription options for MS specialists. Topics of discussion are uncertainties and implementation risks relating to the package criteria cost-effectiveness, necessity and feasibility. Designing the MS Registration was part of this process. In 2017, the Zorginstituut wants the participating parties to determine the positions of the various individual drugs in the entire treatment process.

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The original text of this advice of Zorginstituut Nederland was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of Zorginstituut Nederland's advice. Furthermore, Zorginstituut Nederland points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.