Zorginstituut Nederland

Ibrutinib (Imbruvica®) for the treatment of chronic lymphatic leukaemia

Summary of recommendations by *Zorginstituut Nederland* dated 24 April 2017

Zorginstituut Nederland carried out an assessment of the medicinal product ibrutinib (Imbruvica®), for the first-line treatment of chronic lymphatic leukaemia (CLL) in patients without del(17p) or *TP53* mutation.

Zorginstituut Nederland has carried out an assessment of the medicinal product ibrutinib (Imbruvica®) for the first-line treatment of chronic lymphatic leukaemia (CLL) in patients without del(17p) or *TP53* mutation. The Zorginstituut made its assessment based on the four package criteria: effectiveness, cost-effectiveness, necessity and feasibility. With the advice of the Scientific Advisory Board (WAR), the Zorginstituut has now completed its assessment.

Zorginstituut Nederland's package advice (conclusion)

In relation to the indication currently being assessed, ibrutinib fulfils established medical science and medical practice only for the subgroup of older, less fit patients with CLL without del(17p) or *TP53* mutation for whom the use of anti-CD20 is contraindicated or involves more disadvantages than advantages.

The costs of treatment with ibrutinib, per patient, per year, amount to €69,839. Based on the small group of patients (min 27 and max 79 patients) for whom a therapeutic added value has been established, the estimated budget impact in the third year will probably be between €1.9 million and €5.5 million.

The results of various new clinical studies with ibrutinib can be expected during the next few years. This could lead to more evidence for the use of ibrutinib in both fit and less fit CLL patients without del(17p) or *TP53* mutation. This could increase the total budget impact of ibrutinib in 2019 for the entire CLL indication to approximately €41.9 million.

Furthermore, various additional indications can be expected. These new indications could result in a budget impact of about €59.8 million. Together, this could bring the estimated budget impact of ibrutinib up to €101.7 million in 2019.

In making this assessment, the Zorginstituut granted exemption from providing a cost-effectiveness analysis based on the limited group of patients for whom ibrutinib complies with established medical science and medical practice for the present indication. This is because a cost-effectiveness analysis for the other indications (in the pipeline) cannot yet be done.

In view of the above, the Zorginstituut's advice is to only (additionally) include ibrutinib in the insured package for the subgroup of patients for whom it complies with 'established medical science and medical practice': older, less fit patients with CLL without del(17p) or *TP53* mutation for whom the use of anti-CD20 is contraindicated or has more disadvantages for the patient than advantages. In order to guarantee the package's accessibility and affordability, we advise – in view of the potentially large

budget impact – that the Zorginstituut is again asked for its advice:
- when new data become available for use in a broader group of patients with chronic lymphatic leukaemia (CLL) without del(17p) or *TP53* mutation, for which currently a lower therapeutic value has been established due to insufficient evidence.
- or when new therapeutic indications are approved.

Evaluation

If ibrutinib does get included in the insured package for the subgroup of patients for which it complies with established medical science and medical practice, the Zorginstituut will actively monitor the use of ibrutinib. In 2020 the Zorginstituut will inform the Minister of Health, Welfare and Sport about the results of this monitoring. Zorginstituut Nederland will pay attention to the following points:
- concurrence between the originally estimated number of patients and the number actually treated;
- developments in costs in comparison with the original estimation;
- the duration of treatment and care consumption for the purpose of an assessment regarding the points of departure of appropriate use.

If this monitoring indicates signs of major discrepancies with the current estimates, this could prompt the Zorginstituut to re-assess the position of ibrutinib within the CLL field of indication.

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The original text of this excerpt from 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.