



> Return address PO Box 320, 1110 AH Diemen

Minister of Medical Care and Sports  
PO Box 20350  
2500 EJ THE HAGUE

2020001736

Date 17 February 2020  
Subject Package advice emicizumab (Hemlibra ®)

**National Health Care  
Institute**

Business services  
Automation

Willem Dudokhof 1  
1112 ZA Diemen  
PO Box 320  
1110 AH Diemen  
[www.zorginstituutnederland.nl](http://www.zorginstituutnederland.nl)  
[info@zinl.nl](mailto:info@zinl.nl)

T +31 (0)20 797 85 55

**Contact**

Ms J.E. de Boer  
T +31 (0)6 215 833 54

**Our reference**

2020001736

Dear Mr Bruins,

Zorginstituut Nederland advises you on emicizumab (Hemlibra®) for the prophylactic treatment of bleeding in patients with severe haemophilia A without inhibitors. The reason for this advice was the placing of the said substance in the package lock for expensive medications.

**General**

From the point of view of the basic package paid from joint premiums, the Zorginstituut makes the assessment of whether new care should be part of the insured package. We are weighing this, both scientifically and in terms of social support, and we are weighing aspects of efficiency and transparency. The Zorginstituut is advised by two independent committees: The Scientific Advisory Council (WAR) for the scientific and practical assessment of the data and the determination of the cost-effectiveness and the Package Advisory Committee (ACP) for the social assessment. We also consulted interested parties during the assessment process.

The Zorginstituut assessed emicizumab on the basis of the four package criteria<sup>1</sup>: effectiveness<sup>2</sup>, cost-effectiveness<sup>3</sup>, necessity and feasibility. With this letter, I would like to inform you about the result of the full weighting of these package criteria.

**Integral package criteria weighting**

Emicizumab meets the legal criterion for 'current state of science and practice'. As a routine prophylactic for bleeding in patients with severe haemophilia A without inhibitors, emicizumab is at least as effective as the current standard treatment with factor VIII, without increasing the side effects. The subcutaneous administration of emicizumab (once a week, once every two weeks or once every four weeks) has an increased user-friendliness and may benefit patients with poor

<sup>1</sup> Real-world package management 3 (2013). Zorginstituut Netherlands, Diemen. Via [www.zorginstituutnederland.nl](http://www.zorginstituutnederland.nl)

<sup>2</sup> Current state of science and practice assessment: updated version (2015). Zorginstituut Netherlands, Diemen. Via [www.zorginstituutnederland.nl](http://www.zorginstituutnederland.nl)

<sup>3</sup> Cost-effectiveness report (2015). Zorginstituut Netherlands, Diemen. Via [www.zorginstituutnederland.nl](http://www.zorginstituutnederland.nl)

peripheral injection sites or who are unable to administer the regular intravenous prophylaxis with factor VIII (every 2-3 days or every 3-5 days).

Because no preference has been expressed about whether emicizumab is better than factor VIII in the above indication, no *cost-effectiveness* analysis has been carried out. Carrying out a cost-effectiveness analysis has no added value, as there is no difference in the effect of the treatment. The Zorginstituut considers that a budget impact analysis is sufficient to identify the difference in costs between the two products.

The application of emicizumab (Hemlibra®) for the indication mentioned above will mean additional costs estimated between €26.9 and €55.2 million in the third year after market introduction. The bottom of this range is based on the opinion of the Dutch Association of Haemophilia Therapists (NVHB). This association is in favour of a gradual introduction to patients who benefit from emicizumab on the basis of ease of use, or who are not sufficiently protected by regular prophylaxis (approximately 49%). The top of the range reflects the scenario in which 100% of patients have switched after three years. We explicitly mention this top end of the range because it is in line with the expectation that emicizumab will be used more broadly than in the aforementioned subgroups, because the ease of use is seen as an advantage by the medical profession.

### **Package advice**

The advantage of emicizumab is its greater ease of use than the current standard care. As there is already a well-functioning treatment available for this patient population, this does not justify an additional charge, thus increasing the overall budget impact. As an additional argument, we want to state that a new gene therapy (valoctocogene roxaparvovec) will soon be marketed.

The Zorginstituut advises you to include emicizumab only in the basic package if the treatment costs are at most equal to that of factor VIII prophylaxis. It is important to realize that the treatment centres have already agreed to discounts of up to 60% with the various manufacturers.

### **Proper use**

The NVHB has already issued a statement about the application of emicizumab for haemophilia A in addition to the directive on the treatment of patients with haemophilia A. They favour a gradual introduction for patients with congenital haemophilia A without inhibitors who:

- Have poor peripheral injection options, or
- For other reasons, are incapable of administering prophylaxis themselves
- Have difficulty clotting properly using regular prophylaxis
- Live a very active life in which regular prophylaxis cannot provide adequate protection (e.g. athletes or those who travel abroad frequently)

**National Health Care  
Institute**  
Business services  
Automation

**Date**  
17 February 2020

**Our reference**  
2020001736

**Evaluation**

If emicizumab is admitted into the insured package on the basis of the outcome of the price negotiation, the Zorginstituut will actively monitor its use. We will inform you about the result in 2024. In the context of the treatment landscape, the Zorginstituut takes the following points into consideration:

- The initial estimate of the number of patients compared to the actual number treated;
- The cost development compared to the original cost estimate;
- The establishing of proper use agreements and the use of these agreements.

Yours sincerely,

Sjaak Wijma  
*Chairperson of the Executive Board*

**Appendices**

ACP advice

Pharmaceutical report for emicizumab (Hemlibra®)

Budget impact analysis for emicizumab (Hemlibra®)

**National Health Care  
Institute**  
Business services  
Automation

**Date**  
17 February 2020

**Our reference**  
2020001736