Zorginstituut Nederland

> Return address PO Box 320, 1110 AH Diemen

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

National Health Care Institute
Care I

Willem Dudokhof 1
1112 ZA Diemen
PO Box 320
1110 AH Diemen
www.zorginstituutnederland.nl
info@zinl.nl

T +31 (0)20 797 85 55

Contact
Dr T.H.L. Tran
T +31 (0)6-12001412

2021015474

Date 4 May 2021
Subject GVS advice on inclisiran (Leqvio®)

Our reference
2021015474

Dear Ms van Ark,

In your letter of 9 February 2021 (CIBG-21-01418), you requested National Health Care Institute to carry out a substantive review of whether inclisiran (Leqvio®) is interchangeable with a product that is included in the Medicine Reimbursement System (GVS). The National Health Care Institute has now completed its substantive assessment. The considerations are included in the GVS report attached to this letter.

Inclisiran is available as a prefilled syringe and contains inclisiran sodium corresponding to 284 mg of inclisiran in a solution of 1.5 ml. The medicinal product is registered for the following indications:

In adults with primary hypercholesterolemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an addition to a diet:
- In combination with a statin or a statin with other lipid-lowering treatments in patients who do not reach their LDL-C target with a maximum tolerance dose of a statin, or
- alone or in combination with other lipid-reducing treatments for patients who do not tolerate statins or for whom a statin is contraindicated.

The recommended dose is 284 mg of inclisiran, administered as a single subcutaneous injection: one initial dose, then after 3 months and thereafter every 6 months.

The marketing authorisation holder for inclisiran (Leqvio®) states that inclisiran is interchangeable with the PSCK9 inhibitors alirocumab and evolocumab, and can therefore be placed on List 1A of the Health Insurance Regulation (Rzv), in the existing cluster 0C10AXAP V, together with the other products mentioned.

The outcome of the assessment
The National Health Care Institute has come to the final conclusion that inclisiran has an equal value compared to alirocumab and evolocumab.

Review of interchangeability
Is interchangeable with the other medicinal products in Inclisiran (Leqvio®) the

GVS cluster 0C10AXAP V, which includes: alirocumab and evolocumab.

National Health Care Institute
Care I

Date
4 May 2021

Our reference
2021015474

Advice
We advise you to include inclisiran in List 1A in cluster 0C10AXAP V. The standard dose of inclisiran can be set at 1.56 mg per day.

Please note that a financial arrangement has been concluded for alirocumab (Praluent®) and evolocumab (Repatha®), to ensure the accessibility and affordability of the health care package. The National Health Care Institute does not have an understanding of the agreements made, but the starting point for inclusion of inclisiran in the GVS should be that there are no additional costs, compared to alirocumab and evolocumab. We therefore recommend that you renegotiate for inclisiran (Leqvio®).

If the application of inclisiran (Leqvio®) is included in the package after a successful price negotiation, the National Health Care Institute recommends the following reimbursement conditions:

Condition for inclisiran (Leqvio®):
In adult patients with hypercholesterolemia (familial and non-familial) and sufficiently high risk, if a maximum tolerable statin in combination with ezetimibe does not reach the treatment objective in accordance with the guidelines accepted in the Netherlands by the relevant physicians associations, inclisiran can be used as follows:
(i) in combination with both a statin and ezetimibe or;
(ii) in combination with only ezetimibe in case of documented statin intolerance: statin-associated muscle pain for at least 3 different statins has been determined according to the flow chart and criteria described by EAS/ESC consensus.

Patients with sufficiently high risk are defined as one of the following groups:
1) Patients with heterozygous familial hypercholesterolemia;
2) Patients who have experienced a cardiovascular event and have had a recurring cardiovascular event;
3) Patients with diabetes mellitus type 2 who have experienced a cardiovascular event;
4) Patients who have experienced a cardiovascular event and an actual statin intolerance that has been established and documented.

Yours sincerely,

Sjaak Wijma
Chair of the Executive Board