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2021016640

Our reference
2021016640

Date 11 May 2021
Subject Package advice pertuzumab+trastuzumab (Phesgo®)

Dear Ms van Ark,

The National Health Care Institute advises you on the fixed combined dose of pertuzumab and trastuzumab for subcutaneous administration (Phesgo®) for HER2 positive breast cancer. The reason for this advice was the placing of the above-mentioned medicinal product in the so-called lock procedure for expensive medications.

Phesgo® is a subcutaneous formulation of 2 medicinal products that have been in existence for a long time, and which have hitherto mainly been applied intravenously. A price arrangement has been concluded with the marketing authorisation holder for pertuzumab, and since 2017, biosimilars have been on the market for trastuzumab and there are price agreements with hospitals.
The National Health Care Institute advises you to include Phesgo® in the health insurance package after price negotiations. We advise you to take into account the existing discounts for intravenous medicinal products; the net price of Phesgo® should be at most the net price of the intravenous medicinal products currently used.
In addition, we would like you to consider that the negotiated discounts for biosimilars are renegotiated on a regular basis.

I would like to explain our findings and final conclusion below.

General
At your request, the National Health Care Institute assesses whether new care should be part of the insured package. The National Health Care Institute bases its decision from the perspective of the health insurance package paid from joint premiums. We take into consideration the degree of certainty that this will be achieved, both in the scientific sense, as well as in terms of public support, and we consider the efficiency and transparency aspects.

The National Health Care Institute has assessed Phesgo® on the basis of the four

package criteria[1]: effectiveness[2], cost-effectiveness[3], necessity and feasibility.

Pertuzumab+trastuzumab (Phesgo®)

The registered indication of the fixed combined dose of pertuzumab and trastuzumab for subcutaneous administration (Phesgo®) is for early breast cancer and metastatic breast cancer.

In early stages of breast cancer, Phesgo® is indicated for use in combination with chemotherapy for:

- The neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early-stage breast cancer with a high risk of recurrence
- the adjuvant treatment of adult patients with HER2-positive early-stage breast cancer with a high risk of recurrence

In case of metastasized breast cancer, Phesgo® is indicated for use in combination with docetaxel in adult patients with HER2-positive metastasized or locally recurred, non-resectable breast cancer who have not received prior anti-HER2 therapy or chemotherapy for their metastasized disease.

Integral weighting of package criteria

Established medical science and medical practice

The basis for the claim for effectiveness of Phesgo® is founded on a phase 3 non-inferiority study in which Phesgo® was directly compared to intravenously administered pertuzumab and trastuzumab in standard dosages as an addition to chemotherapy. Based on this study, it was concluded that Phesgo® is non-inferior (not less effective) compared to intravenous administration of trastuzumab and pertuzumab. We conclude that Phesgo® meets the established medical science and medical practice criterion.

Budget impact

In different scenarios, assumptions about patient numbers, market penetration and the price of Phesgo® and the intravenous application of pertuzumab-trastuzumab have been taken into account. When public prices are used for calculations of the budget impact, the use of Phesgo® in the treatment of early-stage and metastasized HER2-positive breast cancer will be accompanied by a cost saving of €394,000 in the third year after inclusion in the health care package. When a hypothetical 37% discount[4] is applied to pertuzumab and 50% to trastuzumab, the additional costs of Phesgo® are estimated to be €10.9 million in the third year. In case a hypothetical 37% discount is applied to Phesgo® and pertuzumab and a 50% discount to trastuzumab, additional costs of €1.2 million are expected in the third year after inclusion in the health care package.

A cost-effectiveness analysis is considered redundant for the present dossier (given the non-inferiority) and thus has not been performed.

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[1] Real-world package management 3 (2013). National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl

[2] Established medical science and medical practice assessment: updated version (2015). National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl

[3] Cost-effectiveness report (2015). National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl

[4] The National Health Care Institute previously advised (2015) a discount of at least 50% on the original AIP of €3000 for pertuzumab. This 50% would result in an acceptable relationship between effectiveness and costs in order to maintain pertuzumab in the health insurance package. The current AIP is €2360. To arrive at €1500 for pertuzumab, we applied an additional 37% discount, in accordance with the previous package advice from Perjeta. So we have calculated using an AIP of approximately €1500 in the current BIA.

Final conclusion
The National Health Care Institute advises you to include Phesgo® in the health insurance package after price negotiations. We advise you to take into account the existing discounts for intravenous medicinal products; the net price of Phesgo® can be at most the net price of the intravenous medicinal products currently used.

Yours sincerely,

Sjaak Wijma
Chair of the Executive Board

National Health Care Institute
Care II

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11 May 2021

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