

> Return address PO Box 320, 1110 AH Diemen

Minister of Medical Care
PO Box 20350
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2024013197

Date 11 April 2024
Re: Package advice for lisocabtagene maraleucel (Breyanzi®) for DLBCL

National Health Care Institute

Care
Medicinal Products

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Contact

Ms M. de Vries
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Our reference

2024013197

Dear Mrs Dijkstra,

The National Health Care Institute advises you on the assessment of lisocabtagene maraleucel, hereafter liso-cel, (Breyanzi®) for the treatment of relapsed or refractory diffuse large B-cell lymphoma (R/R DLBCL), primary mediastinal large B-cell lymphoma (PMBCL) and follicular lymphoma grade 3B (FL3B) after two or more lines of systemic therapy. The reason for this advice was liso-cel being placed in the lock procedure for expensive medicinal products.

Registered indication

Liso-cel is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (R/R DLBCL), primary mediastinal large B-cell lymphoma (PMBCL) and follicular lymphoma grade 3B (FL3B) after two or more lines of systemic therapy.

Claim by the marketing authorisation holder

For the treatment of R/R DLBCL, PMBCL and FL3B after two or more lines of systemic therapy, the value of liso-cel is comparable to tisa-cel and axi-cel.

Package advice

The National Health Care Institute has determined that liso-cel meets the statutory criterion of 'established medical science and medical practice' for the mentioned indication. Lisocabtagene maraleucel (liso-cel) has been compared with tisa-cel (Kymriah®) and axi-cel (Yescarta®), and the National Health Care Institute has concluded an equal value. The use of liso-cel for the above indication will lead to additional costs estimated at around €1.1 million in year 3. It should be noted that financial arrangements have been made for the comparative treatments. We advise you to include liso-cel, provided that price negotiations with the marketing authorisation holder successfully deliver a net price that does not exceed that of axi-cel or tisa-cel. We would like to point out that the Insured Package Advisory Committee has recommended that the price for a treatment should be reduced when several drugs are available for the same indication.

We explain the preparation of this package advice below.

General

At your request, the National Health Care Institute assesses whether care should be part of the standard health insurance package from the perspective of the basic healthcare package paid from joint premiums.

The National Health Care Institute assesses on the basis of the four package criteria¹: effectiveness², cost-effectiveness³, necessity⁴ and feasibility⁵.

Comprehensive weighting of package criteria

Effectiveness

Established medical science and medical practice

The effect of liso-cel was investigated in a single-arm study that matched the design of the tisa-cel study. The survival data from this study shows that liso-cel, like tisa-cel and axi-cel, leads to a significant improvement in survival rate, compared to best supportive care, with a plateau in the survival curve detectable at 24 months. In an indirect comparative study with tisa-cel, liso-cel exhibits similar effects to tisa-cel when it comes to the survival rate. The quality of life has not been indirectly compared. However, in the liso-cel study, the quality of life was stable over time (24 months). Data on the long-term effects of liso-cel are further collected in a separate study over a period of 15 years. In terms of adverse effects, liso-cel exhibits a similar adverse reaction profile compared to the already reimbursed tisa-cel and axi-cel treatments.

The National Health Care Institute concludes that liso-cel for R/R DLBCL, PMBCL and FL3B after 2 or more lines of systemic therapy meets the criteria for established medical science and medical practice, with liso-cel having an equal value compared to tisa-cel. Based on the previous assessment of tisa-cel, which concluded an equal value of tisa-cel compared to axi-cel, this also translates to an equal value of liso-cel with axi-cel.

Cost-effectiveness

Because of the similarities in effectiveness (equal value) of liso-cel, tisa-cel and axi-cel, the National Health Care Institute has not carried out a cost-effectiveness analysis.

Budget impact analysis

Based on the calculations in the budget impact analysis, the National Health Care Institute expects approximately 25 patients to be eligible for liso-cel treatment in the third year following market introduction. The pharmacy purchase price (AIP) per patient for liso-cel is €345,000 per patient. The use of liso-cel for the above indication will lead to additional costs estimated at around €1.1 million in year 3. This assumes a proportional distribution of the market share in relation to the

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¹ Real-world package management 4 (2023). National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl.

² Assessment of the established medical science and medical practice (2023). National Health Care Institute. Via www.zorginstituutnederland.nl.

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

⁴ Necessity is related to both the medical need due to the severity of a disease for the patient (burden of disease) and the need to insure something. See the report on real-world package management 4 (2023).

⁵ The package criterion of feasibility deals with whether it is feasible or sustainable to include a specific form of care in the basic health care package. It is therefore mainly a test of a number of implementation aspects, such as the health care organisation, the support base, ethical and legal aspects, budget impact, etc. See the report on real-world package management 4 (2023).

other CART-T treatments. It should be noted that there are financial arrangements for the other CAR-T treatments, which will result in the budget impact analysis overestimating the total costs for axi-cel and tisa-cel.

Should you need any further information, please do not hesitate to contact us. The assessment reports have been added as annexes (pharmacotherapeutic report and budget impact analysis).

Yours sincerely,

Sjaak Wijma
Chairperson of the Executive Board

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