Zorginstituut Nederland

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To the Minister of Health, Welfare and Sport
PO Box 20350
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Date 2 December 2024
Re: GVS advice desensitization with defatted peanut protein (Palforzia®) for peanut allergy

Dear Ms Agema,

In the letter of 30 September 2024 [CIBG-24-07398], you asked the National Health Care Institute to carry out a substantive review to determine whether the medicinal product defatted peanut protein (Palforzia®) for peanut allergy is interchangeable with a product included in the insured package, in the context of an application for inclusion in List 1B of the Medicine Reimbursement System (GVS).

The National Health Care Institute has now completed that assessment.

Peanut allergy is an allergy in which a person responds abnormally to peanut protein in food. Avoiding peanut protein is difficult because it is used in many products and labelling of products is not always correct. Even a minimal amount of peanut protein can provoke an allergic reaction in people with severe peanut allergies. The most common reactions are skin reactions, swelling; often in the face and throat, and sometimes respiratory problems. In an extreme form, anaphylaxis occurs, which can be life-threatening. Rapid intramuscular treatment with adrenaline (EpiPen) followed by further treatment is required. The fear of an allergic reaction, the constant need to avoid food, carry an EpiPen and to read labels can have a significant impact on the quality of life of patients and their loved ones. At the moment, treatment is not possible and complete avoidance of peanut protein is the only option.

Registered indication: Defatted peanut protein (Palforzia®) is indicated for the treatment of patients aged 4 to 17 years with a confirmed diagnosis of peanut allergy. Treatment with defatted peanut protein may be continued in patients aged 18 and older. Defatted peanut protein should be used in conjunction with a peanut-avoidant diet.

Claim by the marketing authorisation holder: In patients aged 4 to 17 (at the start of the treatment) with a confirmed diagnosis of peanut allergy following a diet that avoids peanuts, oral immunotherapy with defatted peanut protein (Palforzia®) has an added value compared to no oral immunotherapy.

Defatted peanut protein is available as an oral powder at doses of 0.5 mg, 1 mg,

10 mg, 20 mg, 100 mg and 300 mg.

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Advice

National Health Care Institute advises you to include defatted peanut protein for patients aged 4 to 17 at the start of treatment in List 1B of the GVS for the registered indication with the following List 2 condition. Inclusion will lead to limited additional costs.

Condition:
Only on the prescription of a paediatrician allergist/paediatrician - allergology expert.

We explain the preparation of this advice below.

Substantive assessment

Assessment of interchangeability
To determine the place of a medicinal product in the GVS, the product's interchangeability with medicinal products already included in the GVS must first be assessed. Based on the criteria for interchangeability, the National Health Care Institute has concluded that defatted peanut protein is not interchangeable with other medicinal products included in the GVS. As a result, defatted peanut protein cannot be placed on List 1A (see Annex GVS report for further explanation). Next, the National Health Care Institute assessed whether defatted peanut protein is eligible for inclusion in List 1B.

Therapeutic value
The National Health Care Institute, advised by the Scientific Advisory Board (WAR), concludes that desensitization with defatted peanut protein complies with the established medical science and medical practice, and has an added value compared to no desensitization for said indication.

Desensitization with defatted peanut protein, according to a strictly defined escalation schedule followed by daily maintenance treatment, has been studied in two Phase 3 randomised, double-blind, placebo-controlled, studies of 3 and 6 months. As an outcome parameter, the study looked at the percentage of patients who have become tolerant to 1000 mg of peanut protein (equivalent to just over 3 peanuts), which is considered the clinical relevance limit. After treatment, 52.3% of patients in the defatted peanut protein group and 2.4% in the placebo group tolerated 1000 mg peanut protein. The National Health Care Institute concludes that this increased tolerance is likely to result in a clinically relevant reduction of the risk of a severe allergic reaction following accidental exposure. This effect is maintained for up to 24 months and even seems to increase.
Most of the adverse effects of defatted peanut protein, as expected with exposure to peanut protein, are related to allergic reactions. No life-threatening adverse effects or deaths occurred during the study. In a pooled safety analysis, adverse effects both in frequency and severity decreased with longer treatment duration (1-2 years).

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Budget impact analysis
The National Health Care Institute estimates that 123 patients per year will be treated with defatted peanut protein for this indication in year 3 after inclusion in the package. The total costs of defatted peanut protein, calculated on the basis of the pharmacy purchase price (AIP) are €4296 per patient per year. This results in the base case (which is considered the most realistic) in macro costs of €527,383 in the third year after inclusion. However, there is uncertainty about the number of patients in practice and whether patients are being treated further (see conclusion BIA in the Annex to this letter). In a maximal scenario, based on a US study where a higher percentage of patients are eligible for treatment, along with higher market penetration, the macro costs are €2.6 million in the third year. However, recent information suggests that the registration for defatted peanut protein may be extended to patients aged 1 year and up, instead of 4-17 in the current indication. This would increase the macro costs in the base case to €641,076 and in the maximal scenario to €3.1 million. This means approximately 26 additional patients in year 3 in the base case and approximately 129 additional patients in year 3 in the maximal scenario.

In view of the limited expectation in terms of costs, an exemption from the pharmaco-economic analysis is relevant. If it were to become apparent in the coming years that the medicinal product is being used more than currently estimated and therefore the expenditure on defatted peanut protein is higher, the National Health Care Institute advises you to ask the marketing authorisation holder for a pharmaco-economic analysis before continuing inclusion in the GVS.

Appropriate care

The National Health Care Institute recommends a List 2; only on the prescription of the paediatrician allergist/ paediatrician–allergology expert, because the indication for defatted peanut protein is broader than the positioning. This expert can provide crucial information and guidance. As indicated by the professional group, it is also important that the paediatrician involved can assess whether the treatment is likely to be successful for the patient in light of the complexity and intensity of the treatment. The professional group also considers switching from defatted peanut protein to controlled exposure to peanuts in the diet after approximately 2 years. It is important to establish start and stop criteria. The professional group has already initiated this.

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

Yours sincerely,

Mark Janssen
Chairperson of the Executive Board