Zorginstituut Nederland

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To the Minister of Health, Welfare and Sport
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2024031947

National Health Care Institute
Care
Medicinal Products

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Contact
Ms N. Stam
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Our reference
2024031947

Date 19 March 2025
Re: Package advice lock procedure medicinal product marstacimab (Hympavzi®) for haemophilia A and B.

Dear Ms. Agema,

The National Health Care Institute advises you on the assessment of marstacimab (Hympavzi®) for the prophylactic treatment of haemophilia A and B without inhibitors. The reason for this advice was the placement of marstacimab in the lock procedure for expensive medicinal products.

Haemophilia is a rare hereditary disorder that causes problems with blood clotting. As a result, haemophiliac patients are more likely to experience bleeding. This can cause bruising, as well as bleeding in joints and muscles. There are several forms of haemophilia including: A and B. In haemophilia A there is a deficiency of coagulation factor VIII and in haemophilia B there is a deficiency of coagulation factor IX. In the Netherlands, there are approximately 1400 patients with haemophilia A and 200 with haemophilia B. Patients can be treated to prevent bleeding. This is called prophylactic treatment. Patients with haemophilia A can be treated prophylactically with factor VIII products or with emicizumab, and patients with haemophilia B can be treated prophylactically with factor IX products. These treatments now give patients with haemophilia a normal life expectancy. Some patients develop antibodies (inhibitors) against the coagulation factors. Prophylactic treatment with coagulation factors is no longer effective for these patients.

Registered indication
Marstacimab (Hympavzi®) is indicated for routine prophylaxis of bleeding episodes in patients aged 12 years and older, weighing at least 35 kg, with:

- severe haemophilia A (congenital factor VIII deficiency, FVIII <1%) without factor VIII inhibitors, or
- severe haemophilia B (congenital factor IX deficiency, FIX <1%) without factor IX inhibitors.

Claim by the marketing authorisation holder
Marstacimab (Hympavzi®) has value comparable with that of coagulation factor VIII or IX for the registered indication.

Package advice
The National Health Care Institute advises you to include Marstacimab (Hympavzi®) in the basic health insurance package for the registered indication, namely the prophylaxis of bleeding in patients with haemophilia A and B without inhibitors, provided that the net price after successful price negotiations does not exceed the net price of standard treatment with factor VIII and IX products. The National Health Care Institute has established that marstacimab meets the legal criterion of 'established medical science and medical practice' for the aforementioned indication. For the prophylaxis of bleeding, marstacimab has an equivalent value compared to the factor VIII products and emicizumab for haemophilia A and compared to the factor IX products for haemophilia B.

We explain the development of this package advice in more detail below.

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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 criteria[1]: effectiveness[2]cost-effectiveness[3], necessity[4] and feasibility[5]. Stakeholders are consulted during the process.

Comprehensive weighting of package criteria
Effectiveness
Established medical science and medical practice
The results of the non-randomised, open-label, phase 3 B7841005 study in patients aged 12 years and older with severe haemophilia A and B show that marstacimab is equally effective in preventing bleeding as factor VIII and IX products. There do not appear to be any clinically relevant differences in adverse effects between marstacimab and factor VIII and IX products. Since marstacimab is a subcutaneous injection to be administered once weekly, there seems to be an advantage in ease of use compared to the factor VIII and IX products that must be administered intravenously.

Given that an equivalent value between emicizumab prophylaxis and factor VIII prophylaxis has been concluded in previous assessments of the National Health Care Institute, the National Health Care Institute also considers marstacimab an equivalent alternative to emicizumab prophylaxis in patients with haemophilia A.

The National Health Care Institute concludes that marstacimab meets the

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

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

[3] Healthcare cost-effectiveness report (2024) National Health Care Institute, Diemen. Via http://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 healthcare package. It is therefore mainly a test of a number of implementation aspects, such as the healthcare organisation, the support base, ethical and legal aspects, budget impact, etc. See the report on real-world package management 4 (2023).

established medical science and medical practice for the aforementioned indication. In patients with haemophilia A, marstacimab has an equivalent value compared to standard treatment with coagulation factor VIII products and emicizumab, and in haemophilia B, marstacimab has an equivalent value compared to coagulation factor IX products.

Cost-effectiveness
Due to its comparable value, the National Health Care Institute has not assessed its cost-effectiveness.

Budget impact analysis
The National Health Care Institute estimates that 55 patients per year will be treated with marstacimab for haemophilia A and B in year 3 after inclusion in the package. The total cost per patient per year is €477,340 in the first year and €468,333 in the following years. This results in possible macro costs of €25.9 million in the third year. When substitution of factor VIII and IX products and emicizumab is also taken into account, the budget impact based on the list prices in year 3 results in savings of €213,717. However, the National Health Care Institute stresses that the negotiated prices of factor VIII and IX products and emicizumab will be significantly lower than the list prices. As a result, the budget impact of marstacimab is actually higher. There is also uncertainty about the market penetration of marstacimab.

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,

M.J. Janssen
Chairperson of the Executive Board

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