Zorginstituut Nederland

> Return address PO Box 320, 1110 AH Diemen

To the Minister of Health, Welfare and Sport
P.O. Box 20350
2500 EJ THE HAGUE

National Health Care Institute
Research, Development and Medicinal Products
Medicinal Products Team

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
P. Bloemen
warcg@zinl.nl

Our reference
2025015547

2025015547

Date 07 July 2025
Re: Package advice lock procedure medicinal product guselkumab (Tremfya®) for ulcerative colitis

Dear Ms Jansen,

The National Health Care Institute advises you on the assessment of guselkumab (Tremfya®) for the treatment of ulcerative colitis. This advice was prompted by the placement of guselkumab in the lock procedure for expensive medicinal products.

Ulcerative colitis is a chronic inflammation of the colon characterised by periods of disease flare-ups alternating with periods of remission where the disease is more under control. 45,000 people in the Netherlands suffer from ulcerative colitis. If patients cannot be helped with conventional therapy, it is possible to switch to various biologicals. Guselkumab is one of these biologicals, a so-called IL-23 inhibitor.

Registered indication
Guselkumab (Tremfya®) is indicated for moderate to severe active ulcerative colitis (UC) in adult patients who have had an inadequate response to, ceased to respond to, or were intolerant to either conventional therapy or a biological.

In addition, guselkumab has also been registered and evaluated for moderate to severe plaque psoriasis and active psoriatic arthritis. Guselkumab has recently been registered for Crohn's disease. These indications are not taken into consideration here.

Claim by the marketing authorisation holder
Guselkumab (Tremfya®) has an equal therapeutic value to risankizumab and mirikizumab for the treatment of adult patients with moderate to severe active ulcerative colitis who do not respond adequately, no longer respond to or are intolerant to a biological.

Package advice
The National Health Care Institute advises you to include guselkumab (Tremfya®) in the basic healthcare package for the treatment of adult patients with moderate to severe active ulcerative colitis who have had an inadequate response to, stopped responding to or have been intolerant to a TNF-alpha inhibitor. The

National Health Care Institute
Research, Development and Medicinal Products
Medicinal Products Team

Date
7 July 2025

Our reference
2025015547

National Health Care Institute has established that guselkumab for the aforementioned indication meets the legal criterion of 'established medical science and medical practice' and that there is an equal value to treatment with risankizumab and mirikizumab. Given the equal value, the starting point for inclusion in the package is an equal price.

We explain the development 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 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
If conventional therapy, mesalazine and/or thiopurines is not sufficiently effective, patients with ulcerative colitis are treated with a TNF-alpha inhibitor. In patients who have had an inadequate response to, stopped responding to, or are intolerant to a TNF-alpha inhibitor, an alternative biological may be chosen. There are already several alternative biologicals on the market. Guselkumab is an IL-23 inhibitor, as are risankizumab and mirikizumab, for which the National Health Care Institute has already issued positive advice for inclusion in the package for the aforementioned indication. Therefore the National Health Care Institute has compared guselkumab to risankizumab. Both have been studied in placebo-controlled studies (RCTs). Based on the comparable desirable and undesirable effects of guselkumab over risankizumab, the National Health Care Institute concludes that guselkumab complies with the established medical science and medical practice for the treatment of adult patients with moderate to severe active UC who do not respond adequately, no longer respond to or are intolerant to a TNF-alpha inhibitor.

Considering the National Health Care Institute has already assessed that mirikizumab, vedolizumab and ustekinumab are equivalent treatment options for risankizumab, they are also equivalent treatment options for guselkumab.

Cost-effectiveness

[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] Healthcare cost-effectiveness report (2024) 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 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).

Due to its equal value, the National Health Care Institute has not assessed its cost-effectiveness. However, it is not known whether the treatment it has been compared to is cost-effective.

Budget impact analysis
The National Health Care Institute estimates that 466 patients will be treated with guselkumab in year 3 after inclusion in the package for the aforementioned indication. Patients who are adequately treated by the induction treatment are called responders. They are treated with a standard dosing regimen. In non-responders, the dose may be increased to achieve response.

The total cost per patient per year for the standard dosing regimen of guselkumab, based on list prices, is €17,622 in the starting year and €13,476 in subsequent years. With a higher dosing regimen, the costs can go up to €26,952 per patient per year. This results in a macro cost of approximately €8 million in the third year. The National Health Care Institute estimates that the average cost per patient per year of mirikizumab and risankizumab, based on list prices, will be €20,089 in the starting year and €14,887 in subsequent years. When substitution of risankizumab and mirikizumab is also taken into account, the budget impact in year 3 is €576,930. It is important to note that initial non-responders to the standard dosage are treated with a higher dose of guselkumab. Based on the list price, the associated costs are almost double the costs of mirikizumab.

There is uncertainty about the market share of guselkumab and the percentage of patients on the higher dosing regimen of guselkumab. In addition, biosimilars have already been registered for ustekinumab. This may lead to lower prices and a shift in the treatment landscape. This potential price decrease and the negotiated prices should be taken into account when applying the principle of 'equal value, equal price'.

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

Yours sincerely,

M.J. Janssen
Chairperson of the Executive Board

National Health Care Institute
Research, Development and Medicinal Products
Medicinal Products Team

Date
7 July 2025

Our reference
2025015547