NEWSLETTER: News from the HTA Agencies

FEBRUARY 2021

SUMMARY

Agency	Drug Number	Drug Name
CADTH Evidence Driven.	5	Apomorphine hydrochloride, Bamlanivimab, Levetiracetam, **Nintedanib,** Ofatumumab
HAS	9	Abemaciclib, Acide fusidique (Fusidate de sodium), Alirocumab, **Baricitinib**, **Burosumab**, Desogestrel, Dexamethasone, Durvalumab, Pemetrexed
ICER INSTITUTE FOR CLINICAL AND ECONOMIC REVIEW	4	Bempedoic Acid, Bempedoic Acid + Ezetimibe, Inclisiran, Roxadustat
IQWiG	13	Alpelisib, Avapritinib, **Baricitinib**, Bempedoic acid, Bempedoic acid/ezetimibe, **Burosumab**, Entrectinib, Ibalizumab, Indacaterol acetate+glycopyrronium bromide+mometasone furoate, Ivacaftor, **Nindetanib,** Secukinumab, Semaglutide
NICE National Institute for Health and Care Excellence	8	Brolucizumab**,** Dapagliflozin, Filgotinib, Infliximab, Mepolizumab, Metreleptin, Niraparib, Trabectedin
Scottish Medicines Consortium	7	Afamelanotide, Buprenorphine+Naloxone sublingual film, Formoterol fumarate dihydrate+ Glycopyrronium+ Budesonide, Leuprorelin acetate, Ozanimod, Ravulizumab, Upadacitinib

In questo numero si ripetono alcuni dei farmaci già riportati precedentemente per **ICER:** i n questa occasione si tratta dei documenti finali (approvati a fine febbraio, inseriti nel web a inizio marzo).

CADTH Evidence Driven.

CADTH- https://www.cadth.ca/

GENERIC NAME	BRAND NAME	INDICATION	TYPE OF DOCUMENT/ DATA	Link	RECOMMENDATION	Info on costs
Apomorphine hydrochloride	**Kynmobi**	Indicated for the acute, intermittent treatment of "OFF" episodes in patients with Parkinson's disease.	Reimbursement review - Submission was previously withdrawn and has been refiled by the sponsor 24.02.2021	https://www.cadth.ca/sites/default/files/cdr/complete/SR0650%20Kynmobi%20-%20CDEC%20Final%20Recommendation%20February%2026%2C%202021_For%20posting.pdf	The CADTH Canadian Drug Expert Committee (CDEC) recommends that apomorphine hydrochloride sublingual film (APO SL) should be reimbursed for the acute, intermittent treatment of OFF episodes in patients with PD only if the initiation criteria are met (in patients who are experiencing OFF episodes despite receiving optimized PD therapy (levodopa and derivatives and adjunctive therapy such as dopaminergic agonists or MAO-B inhibitors or amantadine derivatives).	APO SL (Kynmobi) is available as a 10 mg, 15 mg, 20 mg, 25 mg, or 30 mg sublingual film, at a submitted price of $8.60 per film. The recommended dose is 10 mg to 30 mg daily with a maximum of five daily doses or 90 mg per day. The average total annual drug acquisition cost of APO SL is $6,278 per patient (based on an average dosing frequency of two films per day as per the product monograph), with a maximum cost of $15,695 per patient.
Bamlanivimab		Indicated for mild to moderate COVID-19	Implementation Panel January	https://cadth.ca/sites/default/files/covid-19/HD0004-bamlanivimab-post-panel-final-jan14.pdf		
Levetiracetam	**pdp-levETIRAcetam**	Adjunctive therapy for ●adults management of patients with epilepsy who are not satisfactorily controlled by conventional therapy ●pediatrics in treatment of partial onset seizures, myoclonic and primary generalized tonic-clonic seizures	Reimbursement review – Final recommendation 09.02.2021	https://cadth.ca/sites/default/files/pdf/Keppara_Epilepsy_es-30.pdf	The CADTH Canadian Drug Expert Committee (CDEC) recommends that levetiracetam oral solution (100 mg/mL) should be reimbursed as adjunctive therapy for the management of patients with epilepsy only if the following conditions are met: ● initiation criteria (Levetiracetam oral solution should be reimbursed in a manner similar to other reimbursed levetiracetam formulation) ●pricing conditions (the drug plan cost of levetiracetam oral solution should not exceed the drug plan cost of treatment with the least costly levetiracetam formulation reimbursed for the treatment of epilepsy)	Pricing conditions: the drug plan cost of levetiracetam oral solution should not exceed the drug plan cost of treatment with the least costly levetiracetam formulation reimbursed for the treatment of epilepsy. The drug acquisition cost of a 300 mL bottle (100 mg/mL) of levetiracetam oral solution is $244.26, leading to an annual cost per patient of $2,972 at a dosage of 500 mg twice daily.

Nintedanib	**Ofev**	Treatment of other chronic fibrosing interstitial lung diseases (ILDs) with a progressive phenotype (also known as progressive fibrosing ILD)	Reimbursement review - Final recommendation issued to sponsor and drug plans 24.02.2021	https://www.cadth.ca/sites/default/files/cdr/complete/SR0654%20Ofev%20-%20Final%20CDEC%20Recommendation%20February%2026%2C%202021_For%20Posting.pdf	The CADTH Canadian Drug Expert Committee recommends that nintedanib be reimbursed for the treatment of chronic fibrosing interstitial lung diseases with a progressive phenotype only if the following conditions are met: ● initiation criteria (diagnosis of chronic fibrosing interstitial lung disease with a progressive phenotypeconfirmed by a specialist) ●renewal criteria (the patient must not experience a more severe progression of disease of 10% during the preceiding year of treatment) ●prescribing conditions (the patient's condition has been assessed by a specialist) ●pricing conditions.	At the sponsor's submitted prices of $28.42 per 100 mg capsule and $56.83 per 150 mg capsule, the annual cost of nintedanib is $41,517 per patient based on the recommended dosage for chronic fibrosing interstitial lung disease with a progressive phenotype.
Ofatumumab	**Kesimpta**	Treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) with active disease defined by clinical and imaging features.	Reimbursement review – Final recommendation issued to sponsor and drug plans 25.02.2021	https://www.cadth.ca/sites/default/files/cdr/complete/SR0657%20Kesimpta%20-%20CDEC%20Final%20Recommendation%20March%201%2C%202021_For%20posting.pdf	The CADTH Canadian Drug Expert Committee (CDEC) recommends that ofatumumab should be reimbursed for the treatment of adult patients with an established diagnosis of relapsing-remitting multiple sclerosis (RRMS) only if the following conditions are met: ● initiation criteria (patients must have specific characteristics at the time of initiation of treatment) ●renewal criteria (e.g. patients who do not exhibit evidence of disease progression since the previous assessment) ●prescribing conditions (patients must be under the care of a specialist) ●pricing conditions.	The cost for ofatumumab is $2,333.33 per 20 mg injection. Based on monthly administration, the annual cost is between $32,667 and $35,000 in year 1, depending on when the first maintenance dose is taken, and $28,000 in subsequent years.

ICER
https://icer.org/

Generic name	Brand name	Indication	Type of document/ data	link	Summary of evidence
Bempedoic Acid	Nexletol®	Heterozygous familial hypercholesterolemia and for secondary prevention of ASCVD	Evidence Report 02.02.2021 Documents available: Final Evidence report; Final Policy Recommendations; Report-at-a-glance; Pubic comments on draft evidence report; Response to public comments Status: CLOSED	https://icer.org/assessment/high-cholesterol-2021/	An independent appraisal committee voted that the evidence is not adequate to demonstrate a net health benefit of bempedoic acid over usual care for the entire population of eligible patients, but is adequate when focused on patients unable to take statins and patients with heterozygous familial hypercholesterolemia (HeFH). At current pricing the committee judged the long-term value for money as low to intermediate, with a 36% discount needed to reach ICER's health-benefit price benchmark for the entire patient population.
Bempedoic Acid + Ezetimibe	Nexlizet™				
Inclisiran	Leqvio			https://icer.org/assessment/high-cholesterol-2021/	For inclisiran, by a unanimous vote the evidence was judged adequate to demonstrate a net health benefit over usual care alone. If priced at parity with current pricing for PCSK9 inhibitors, the committee voted that inclisiran would represent a low-to-intermediate long-term value for money. ICER's recommended net price benchmark range for inclisiran is $3,600-$6,000 per year.

Roxadustat	FibroGen	Treating Anemia in Chronic Kidney Disease	Evidence Report 05.03.2021 Documents available: Executive Summary; Final Evidence report; Final Policy Recommendations; Public comments on draft evidence report; Response to public comments Status: CLOSED	https://icer.org/assessment/anemia-in-chronic-kidney-disease-2021/	The independent appraisal committee determined the evidence is not adequate to demonstrate that roxadustat provides a net health benefit over erythropoiesis-stimulating agents (ESAs); until greater net benefit is proven, value-based pricing would suggest that roxadustat be priced at most at parity with ESAs.

HAS

https://www.has-sante.fr/

Generic name	Brand name	Indication	Type of document/ Date	link	Avis et Ammelioration du Service Medical Rendu
Abémaciclib	VERZENIOS	En association au fulvestrant, chez les femmes ménopausées ayant un cancer du sein localement avancé ou métastatique RH+/HER2-, sans atteinte viscérale symptomatique menaçant le pronostic vital à court terme, en première ligne métastatique chez les femmes en rechute précoce d'une hormonothérapie adjuvante ainsi qu'en deuxième ligne métastatique après une première ligne d'hormonothérapie.	AVIS de la CT 12.02.2021	https://www.has-sante.fr/jcms/p_3237418/fr/verzenios	Réévaluation ASMR. Avis favorable au remboursement en association au fulvestrant, chez les femmes ménopausées ayant un cancer du sein localement avancé ou métastatique RH+/HER2-, sans atteinte viscérale symptomatique menaçant le pronostic vital à court terme, en première ligne métastatique chez les femmes en rechute précoce d'une hormonothérapie adjuvante ainsi qu'en deuxième ligne métastatique après une première ligne d'hormonothérapie. **La Commission considère que l'ajout de VERZENIOS (abémaciclib) au fulvestrant apporte, comme KISQALI (ribociclib) en association au fulvestrant, une amélioration du service médical rendu mineure (ASMR IV) par rapport au fulvestrant seul dans la prise en charge du cancer du sein localement avancé ou métastatique, RH+/HER2-, chez la femme ménopausée sans atteinte viscérale symptomatique menaçant le pronostic vital à court terme, en première ligne métastatique chez les femmes en rechute précoce d'une hormonothérapie adjuvante ainsi qu'en deuxième ligne métastatique après une première ligne d'hormonothérapie.**
Acide fusidique (fusidate de sodium)	FUCIDINE	« Infections de la peau dues à staphylocoque et streptocoque :- impétigos et dermatoses impétiginisées : o en traitement local uniquement dans les formes localisées à petit nombre de lésions…]	AVIS de la CT 17.02.2021	https://www.has-sante.fr/upload/docs/evamed/CT-17961_FUCIDINE_PIS_RAD_AvisDef_CT17961.pdf	Arrêt du remboursement en vue d'une commercialisation en non remboursable. Avis favorable à l'arrêt du remboursement des présentations en crème et en pommade dans les indications de l'AMM. **Sans object**

Alirocumab	PRALUENT	hypercholestérolémie	AVIS de la CT 17.02.2021	https://www.has-sante.fr/jcms/p_3238105/fr/praluent	Mise à disposition d'un nouveau dosage. Avis favorable au remboursement uniquement: en association à un traitement hypolipémiant optimisé chez les patients adultes ayant une hypercholestérolémie familiale hétérozygote, insuffisamment contrôlée et nécessitant un traitement par LDL-aphérèse; en association à un traitement hypolipémiant optimisé chez les patients adultes ayant une maladie cardiovasculaire athéroscléreuse établie par un antécédent de SCA récent (prévention secondaire) et qui ne sont pas contrôlés (LDL-c ≥ 0,7 g/L) malgré un traitement hypolipémiant optimisé comprenant au moins une statine à la dose maximale tolérée **Cette spécialité est un complément de gamme qui n'apporte pas d'amélioration du service médical rendu (ASMR V) par rapport aux présentations déjà inscrites.**
Baricitinib	OLUMIANT	Dermatite atopique modérée à sévère de l'adulte	AVIS de la CT 11.02.2021	https://www.has-sante.fr/jcms/p_3237060/fr/olumiant-dermatite-atopique-moderee-a-severe-de-l-adulte	Avis favorable au remboursement dans le traitement de la dermatite atopique modérée à sévère de l'adulte qui nécessite un traitement systémique uniquement en cas d'échec, d'intolérance ou de contre-indication à la ciclosporine. Avis défavorable au remboursement après échec des traitements topiques, chez les patients naïfs de ciclosporine, faute de données comparatives. **Les spécialités OLUMIANT 2 mg et 4 mg (baricitinib), comprimé pelliculé, n'apportent pas d'amélioration du service médical rendu (ASMR V) dans la stratégie thérapeutique de la dermatite atopique modérée à sévère de l'adulte qui nécessite un traitement systémique, en cas d'échec, d'intolérance ou de contre-indication à la ciclosporine. A ce stade de la stratégie, on dispose de DUPIXENT (dupilumab) et de deux immunosuppresseurs systémiques utilisés hors AMM (méthotrexate, azathioprine).**
Burosumab	CRYSVITA	Dans le traitement de l'hypophosphatémie liée à l'X. Maladie rare	AVIS de la CT 23.01.2021	https://www.has-sante.fr/upload/docs/application/pdf/2021-02/crysvita_pect_avisdef_ct19065.pdf	la Commission considère que CRYSVITA (burosumab) apporte une amélioration du service médical rendu modérée (ASMR III) par rapport au traitement conventionnel dans le traitement de l'hypophosphatémie liée à l'X avec signes radiographiques d'atteinte osseuse chez les enfants âgés d'un an et plus et les adolescents en phase de croissance osseuse, atteints de forme sévère réfractaire au traitement conventionnel ou de forme sévère compliquée.

Burosumab	CRYSVITA	Prise en charge temporaire. Le laboratoire sollicite une prise en charge temporaire dans deux sous-populations restreintes par rapport à son indication AMM*	AVIS de la CT 03.02.2021	https://www.has-sante.fr/jcms/c_2900188/fr/crysvita-burosumab-medicament-agissant-sur-la-mineralisation-dans-le-traitement-de-l-hypophosphatemie-liee-a-l-x	*Dans l'indication du traitement de l'hypophosphatémie liée à l'X chez les adolescents présentant des signes radiographiques d'atteinte osseuse et chez les adultes : • chez les patients actuellement traités par burosumab dans le cadre de l'indication pédiatrique et pour lesquels une interruption de traitement n'est pas envisageable, • chez les patients adultes symptomatiques Intérêt clinique important et progrès thérapeutique modéré par rapport au traitement conventionnel dans le traitement de l'hypophosphatémie liée à l'X avec signes radiographiques d'atteinte osseuse chez les enfants âgés d'un an et plus et les adolescents en phase de croissance osseuse, atteints de forme sévère réfractaire au traitement conventionnel ou de forme sévère compliquée (douleurs, raideurs, fatigue…) et ayant une maladie active avec atteinte structurale (pseudo-fractures, fractures, arthrose précoce, enthésiopathies…) avec altération majeure de leur qualité de vie (sujet jeune avec aide technique, arrêt d'activité professionnelle, prise de poids…) voire nécessitant une intervention chirurgicale orthopédique (afin d'assurer d'une bonne consolidation osseuse) malgré un traitement conventionnel ou en cas de contre-indication ou d'intolérance au traitement conventionnel. Dans la mesure où la maladie est handicapante et qu'il n'existe pas de comparateur cliniquement pertinent à CRYSVITA (burosumab), il existe un risque grave et immédiat pour la santé du patient de différer le traitement. CRYSVITA (burosumab), dans les indications considérées, est susceptible d'être innovant. CRYSVITA (burosumab), dans les indications considérées, est susceptible de présenter, au vu des résultats des études cliniques, une efficacité cliniquement pertinente et un effet important, au regard desquels ses effets indésirables sont acceptables.
Dexamethasone	DEXAMETHASONE MYLAN	Traitement de l'infection à coronavirus SARS-CoV-2 (COVID-19) chez les adultes et les adolescents (âgés de 12 ans et pesant plus de 40 kg) qui nécessitent une oxygénothérapie.	AVIS de la CT 17.02.2021	https://www.has-sante.fr/jcms/p_3234976/fr/dexamethasone-mylan	Nouvelle indication. Avis favorable au remboursement dans le traitement de l'infection à coronavirus SARS-CoV-2 (COVID-19) chez les adultes et les adolescents (âgés de 12 ans et pesant plus de 40 kg) qui nécessitent une oxygénothérapie. **La Commission considère que la spécialité DEXAMETHASONE MYLAN (dexaméthasone) apporte une amélioration du service médical rendu modérée (ASMR III) dans la prise en charge des patients adultes et adolescents (âgés de 12 ans et plus et pesant au moins 40 kg) atteints de la COVID-19 qui nécessitent une oxygénothérapie.**

Dexamethasone	DEXAMETHASONE KRKA	Traitement de l'infection à coronavirus SARS-CoV-2 (COVID-19) chez les adultes et les adolescents (âgés de 12 ans et pesant plus de 40 kg) qui nécessitent une oxygénothérapie.	AVIS de la CT 17.02.2021	https://www.has-sante.fr/jcms/p_3234893/fr/dexamethasone-krka	Nouvelle indication. Avis favorable au remboursement dans le traitement de l'infection à coronavirus SARS-CoV-2 (COVID-19) chez les adultes et les adolescents (âgés de 12 ans et pesant plus de 40 kg) qui nécessitent une oxygénothérapie. **La Commission considère que la spécialité DEXAMETHASONE KRKA (dexaméthasone) apporte une amélioration du service médical rendu modérée (ASMR III) dans la prise en charge des patients adultes et adolescents (âgés de 12 ans et plus et pesant au moins 40 kg) atteints de la COVID-19 qui nécessitent une oxygénothérapie.**
Durvalumab	IMFINZI	Traitement des patients adultes atteints d'un cancer bronchique non à petites cellules (CBNPC) localement avancé non opérable et dont la maladie n'a pas progressé après une chimioradiothérapie à base de platine, en cas d'expression tumorale de PD-L1 < 1% ou dans le cas où ce statut est recherché mais le résultat de ce marqueur n'est pas exploitable (statut inconnu).	AVIS de la CT 25.02.2021	https://www.has-sante.fr/jcms/p_3239200/fr/imfinzi	Recommandation pour la prise en charge d'une RTU (recommandation tempora ire d'utilisation). **La Commission de la Transparence estime bien fondée la prise en charge à titre dérogatoire de la spécialité IMFINZI (durvalumab) dans l'indication**..
Pemetrexed	PEMETREXED ACCORD	Traitement du mésothéliome pleural malin et du cancer bronchique non à petites cellules	AVIS de la CT 08.02.2021	https://www.has-sante.fr/jcms/p_3236107/fr/pemetrexed-accord	Avis favorable au remboursement dans le traitement du mésothéliome pleural malin et du cancer bronchique non à petites cellules (pour plus de précisions cf. AMM). Pas de progrès par rapport à la spécialité de référence (ALIMTA, poudre pour solution à diluer pour perfusion). **Cette spécialité est un hybride qui n'apporte pas d'amélioration du service médical rendu (ASMR V) par rapport à la spécialité de référence, ALIMTA, poudre pour solution à diluer pour perfusion.**

Pemetrexed	PEMETREXED REDDY PHARMA	Traitement du mésothéliome pleural malin et du cancer bronchique non à petites cellules.	AVIS de la CT 08.02.2021	https://www.has-sante.fr/jcms/p_3236104/fr/pemetrexed-reddy-pharma	Avis favorable au remboursement dans le traitement du mésothéliome pleural malin et du cancer bronchique non à petites cellules (pour plus de précisions, cf. AMM).Pas de progrès par rapport à la spécialité de référence (ALIMTA, 100 mg et 500 mg, poudre pour solution à diluer pour perfusion). **Cette spécialité est un hybride qui n'apporte pas d'amélioration du service médical rendu (ASMR V) par rapport à la spécialité de référence, ALIMTA (pemetrexed), poudre pour solution à diluer pour perfusion.**
Pemetrexed	PEMETREXED EG	Traitement du mésothéliome pleural malin et du cancer bronchique non à petites cellules	AVIS de la CT 08.02.2021	https://www.has-sante.fr/jcms/p_3236714/fr/pemetrexed-eg	Avis favorable au remboursement dans le traitement du mésothéliome pleural malin et du cancer bronchique non à petites cellules (pour plus de précisions, cf. AMM).Pas de progrès par rapport à la spécialité de référence (ALIMTA, poudre pour solution à diluer pour perfusion). **Cette spécialité est un hybride qui n'apporte pas d'amélioration du service médical rendu (ASMR V) par rapport à la spécialité de référence, ALIMTA (pemetrexed), poudre pour solution à diluer pour perfusion.**

IQWIG

https://www.iqwig.de/en/home.2724.html

Generic name	Brand name	Indication	Type of document/ data	link	Recommendation	Note
Alpelisib [A21-05]	Piqray	Men and postmenopausal women with HR-positive, HER2-negative, locally advanced or metastatic breast cancer with a PIK3CA mutation after disease progression following endocrine therapy as monotherapy	Addendum to Commission A20-81 18.02.2021	https://www.iqwig.de/en/projects/a21-05.html	For men: added benefit still not proven; for women: now indication (instead of hint) of lesser benefit versus the comparator therapy	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Avapritinib[G20-26]	Ayvakyt	GIST	Dossier assessment 01.02.2021	https://www.iqwig.de/en/projects/g20-26.html	Vedi dossier: https://www.iqwig.de/download/g20-26_avapritinib_bewertung-35a-absatz-1-satz-11-sgb-v_v1-0.pdf?rev=187494	Note:In accordance with § 35a (para. 1, sentence 11) Social Code Book V, the added medical benefit of orphan drugs is deemed as proven by the fact that they have been approved. **For the Avapritinib report commissioned by the Federal Joint Committee (G-BA), IQWiG therefore solely assesses the information on patient numbers and costs in the pharmaceutical company's dossier**. After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. The resolution on the extent of added benefit is passed by the G-BA after the hearing. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA Website.

Bempedoic acid [A20-92]	Nilemdo	Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia	Dossier assessment 01.02.2021	https://www.iqwig.de/en/projects/a20-92.html	Added benefit not proven in either of both research questions (drug and dietary lipid-lowering options not exhausted/exhausted except for evolocumab)	After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. The resolution on the extent of added benefit is passed by the G-BA after the hearing. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA Website.
Bempedoic acid/ezetimibe [A20-91]	Nustendi	Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia	Dossier assessment 01.02.2021	https://www.iqwig.de/en/projects/a20-91.html	Added benefit not proven in either of both research questions (drug and dietary lipid-lowering options not exhausted/exhausted except for evolocumab)	After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. The resolution on the extent of added benefit is passed by the G-BA after the hearing. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA Website.
Baricitinib [A20-95]	Olumiant	Adults with moderate to severe atopic dermatitis who are candidates for systemic therapy	Dossier assessment 15.02.2021	https://www.iqwig.de/en/projects/a20-95.html	Added benefit not proven for either of both research questions (longterm/continued systemic therapy indicated or not indicated)	After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. This may provide supplementary information and as a result lead to a modified benefit assessment. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA website.
Burosumab[G20-27]	Crysvita	X-linked hypophosphataemia	Dossier assessment 01.02.2021	https://www.iqwig.de/en/projects/g20-27.html		In accordance with § 35a (para. 1, sentence 11) Social Code Book V, the added medical benefit of orphan drugs is deemed as proven by the fact that they have been approved. **For the Burosumab report commissioned by the Federal Joint Committee (G-BA), IQWiG therefore solely assesses the information on patient numbers and costs in the pharmaceutical company's dossier.** After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. The resolution on the extent of added benefit is passed by the G-BA after the hearing. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA Website.

Entrectinib [A20-74]	Rozlytrek	Solid tumours expressing an NTRK gene fusion, disease locally advanced or metastatic or where surgical resection is likely to result in severe morbidity: patients 12 years of age and older who have not received a prior NTRK inhibitor and who have no satisfactory treatment options	Benefit assessment according to §35a Social Code Book V 18.02.2021	https://www.iqwig.de/en/projects/a20-74.html	Added benefit not proven due to lack of suitable study data	After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. This may provide supplementary information and as a result lead to a modified benefit assessment. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA website.
Entrectinib[A21-06]	Rozlytrek	Adults with ROS1-positive, advanced NSCLC not previously treated with ROS1 inhibitors	Addendum to Commission A20-75 18.02.2021	https://www.iqwig.de/en/projects/a21-06.html	Added benefit still not proven	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Entrectinib[A21-07]	Rozlytrek	Solid tumours expressing an NTRK gene fusion, disease locally advanced or metastatic or where surgical resection is likely to result in severe morbidity: patients 12 years of age and older who have not received a prior NTRK inhibitor and who have no satisfactory treatment options	Addendum to Commission A20-74 18.02.2021	https://www.iqwig.de/en/projects/a21-07.html	Conclusion of dossier assessment A20-74 unchanged	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.

Ibalizumab [A20-82]	Trogarzo	Adults with multidrug resistant HIV-1 infection for whom it is otherwise not possible to construct a suppressive antiviral regimen	Drug Assessment 18.02.2021	https://www.iqwig.de/en/projects/a20-82.html	Appropriate comparator therapy not implemented; added benefit not proven	After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. This may provide supplementary information and as a result lead to a modified benefit assessment. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA website.
Indacaterol acetate/glycopyrronium bromide/mometasone furoate and addendum [A20-69]	Enerzair Breezhaler	Adults with asthma not adequately controlled with a maintenance combination of a LABA and a high dose of an ICS who experienced one or more asthma exacerbations in the previous year	Dossier assessment 04.02.2021	https://www.iqwig.de/en/projects/a20-69.html	No statistically significant differences in any outcome; added benefit not proven	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Indacaterol acetate/glycopyrronium bromide/mometasone furoate and addendum [A20-125]	Enerzair Breezhaler	Adults with asthma not adequately controlled with a maintenance combination of a LABA and a high dose of an ICS who experienced one or more asthma exacerbations in the previous year	Addendum to Commission A20-69 04.02.2021	https://www.iqwig.de/en/projects/a20-125.html	Added benefit still not proven	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Ivacaftor [A21-03]	Tricafta	(combination with ivacaftor/tezacaftor/elexacaftor). Patients with cystic fibrosis aged 12 years and older who are	Addendum to Commission A20-77	https://www.iqwig.de/en/projects/a21-03.html	Now indication of major added benefit	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early

		homozygous for the F508del mutation in the CFTR gene	18.02.2021			benefit assessment.
Ivacaftor [A21-04]	Tricafta	Patients with cystic fibrosis aged 12 years and older who are heterozygous for the F508del mutation in the CFTR gene with a minimal function mutation	Addendum to Commission A20-8318.02.2021	https://www.iqwig.de/en/projects/a21-04.html	Conclusion of dossier assessment A20-83 unchanged	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Ivacaftor [G21-03]			Addendum to Commissions G20-18, G20-20, A20-77, A20-8318.02.2021	https://www.iqwig.de/en/projects/g21-03.html		If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Nintedanib[A20-124]	Ofev	Adults with chronic progressive fibrosing interstitial lung diseases other than SSc-ILD or IPF	Drug Assessment 04.02.2021	https://www.iqwig.de/en/projects/a20-124.html	Still indication of minor added benefit	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Secukinumab[A21-01]	Cosentyx	Adults with active psoriatic arthritis who responded inadequately to DMARD therapy	Addendum to Commission A20-8318.02.2021	https://www.iqwig.de/en/projects/a21-01.html	Conclusion of dossier assessment A20-83 unchanged	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.

Secukinumab[A21-02]	Cosentyx	Children and adolescents from the age of 6 years with moderate to severe plaque psoriasis who are candidates for systemic therapy.	Addendum to Commission A20-7818.02.2021	https://www.iqwig.de/en/projects/a21-02.html	Added benefit still not proven	If the need for additional work on a project commissioned by the G-BA arises during consultations, then IQWiG presents a report in the form of an "addendum". The G-BA subsequently decides on the extent of the added benefit, thus completing the early benefit assessment.
Secukinumab [A20-78]	Cosentyx	Children and adolescents from the age of 6 years with moderate to severe plaque psoriasis who are candidates for systemic therapy	Benefit assessment according to §35a Social Code Book V18.02.2021	https://www.iqwig.de/en/projects/a20-78.html	Added benefit not proven due to lack of suitable study data	After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. The resolution on the extent of added benefit is passed by the G-BA after the hearing. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA Website.
Semaglutide [A20-93]	Ozempic	Adults with type 2 diabetes mellitus in 2 approved subindications (monotherapy and combination therapy)	Dossier assessment 01.02.2021	https://www.iqwig.de/en/projects/a20-93.html	Added benefit not proven for any of the 4 research questions	After completion of the assessment by IQWiG the Federal Joint Committee (G-BA) conducts a commenting procedure. This may provide supplementary information and as a result lead to a modified benefit assessment. Further information and the decision on the early benefit assessment can be found on the relevant page of the G-BA website.

NICE National Institute for Health and Care Excellence

NICE

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Generic name	Brand name	Indication	Type of document/ Date	link	Recommendation
Brolucizumab	Beovu	For treating wet age-related macular degeneration	Technology appraisal guidance [TA672]	https://www.nice.org.uk/guidance/ta672 03.02.2021	The price of brolucizumab is £816.00 per 120 mg/ml solution for injection in a pre-filled syringe (excluding VAT; BNF). The company has a commercial arrangement. This makes brolucizumab available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount. Usual treatment for age-related macular degeneration is aflibercept and ranibizumab. Clinical trial evidence and a network meta-analysis shows that brolucizumab provides similar overall health benefits to these drugs, and is similarly safe. The total costs (including administration) of brolucizumab are the same or less than those of aflibercept and ranibizumab. Because it has similar costs and overall health benefits to aflibercept and ranibizumab, brolucizumab is recommended as an option for treating adults with wet age-related macular degeneration in line with the previous recommendations in NICE technology appraisals guidance for aflibercept and ranibizumab.
Dapagliflozin	Forxiga	Chronic heart failure with reduced ejection fraction	Technology appraisal guidance [TA679]	https://www.nice.org.uk/guidance/ta679 24.02.2021	Dapagliflozin is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with: angiotensin-converting enzyme (ACE) inhibitors or angiotensin‑2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or sacubitril valsartan, with beta blockers, and, if tolerated, MRAs. The list price of dapagliflozin is £36.59 per 28-tablet pack (excluding VAT; BNF online, accessed November 2020). The annual treatment cost is £476.98. Costs may vary in different settings because of negotiated procurement discounts.

Filgotinib	Jyseleca	Moderate to severe rheumatoid arthritis	Technology appraisal guidance [TA676]	https://www.nice.org.uk/guidance/ta676 24.02.2021	Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if the disease is moderate or severe and the company provides filgotinib according to the commercial arrangement. The list price for filgotinib is £863.10 per bottle of 30-day pack (company submission). The average cost for each patient per year is estimated at £10,508.00 based on the list price. The company has a commercial arrangement. This makes filgotinib available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.
Infliximab biosimilar	Remsima subcutaneous injection	Crohn's disease and ulcerative colitis	Evidence summary [ES35]	https://www.nice.org.uk/advice/es35/chapter/Product-overview 24.02.2021	This evidence summary focuses on the license extension for Crohn's disease and ulcerative colitis only.
Mepolizumab	Nucala	Severe eosinophilic asthma	Technology appraisal guidance [TA671]	https://www.nice.org.uk/guidance/ta671 03.02.2021	The list price of mepolizumab is £840 per 100 mg dose (excluding VAT; BNF online, accessed November 2020). The company has a commercial arrangement. This makes mepolizumab available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount. For severe refractory eosinophilic asthma, standard therapy alone does not work well enough. So people usually also have benralizumab or mepolizumab if: • their blood eosinophil count is 300 cells per microlitre or more and • they have had at least 4 severe exacerbations needing systemic corticosteroids in the previous 12 months or continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months. People can have benralizumab or reslizumab if their blood eosinophil count is 400 cells per microlitre or more and they have had at least 3 severe exacerbations in the previous 12 months. There is no evidence directly comparing mepolizumab with benralizumab and reslizumab. But an indirect comparison suggests that it works as well as benralizumab and reslizumab for people with a blood eosinophil count of 400 cells per microlitre or more. Mepolizumab is cost saving compared with benralizumab and reslizumab. So it is now also recommended for people with a blood eosinophil count of 400 cells per microlitre or more and at least 3 severe exacerbations in the previous 12 months.

Metreleptin	Myalepta	Lipodystrophy	Highly specialised technologies guidance [HST14] 24.02.2021	https://www.nice.org.uk/guidance/hst14	Metreleptin is recommended, within its marketing authorisation, as an option for treating the complications of leptin deficiency in lipodystrophy for people who are 2 years and over and have generalised lipodystrophy.
Niraparib	Zejula	For the maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy	Technology appraisal guidance [TA673] 17.02.2021	https://www.nice.org.uk/guidance/ta673	There are no maintenance treatments routinely available for advanced ovarian, fallopian tube or peritoneal cancer that has responded to first-line platinum-based chemotherapy. For some people, maintenance treatment is available through the Cancer Drugs Fund. Clinical evidence comes from PRIMA, but it has not shown whether people having niraparib live longer. Because of the clinical uncertainty, the cost-effectiveness estimates are very uncertain. So, niraparib cannot be recommended for routine use in the NHS. Niraparib has the potential to be a cost-effective use of NHS resources. So, it is recommended for use in the Cancer Drugs Fund while more data from the trial are collected. The list price is £4,500 for 56 100-mg capsules (excluding VAT; BNF online accessed November 2020). The company has a commercial arrangement. This makes niraparib available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.
Trabectedin	Yondelis	Treatment of advanced soft tissue sarcoma	Technology appraisal guidance [TA185] 08.02.2021	https://www.nice.org.uk/guidance/ta185	In February 2021 we updated sections 1 and 2 of the guidance. This reflects changes to the commercial arrangement and the company holding the marketing and distribution rights to trabectedin in the UK.

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Generic name	Brand name	Indication	Type of document /Date	Link	Advice	Evidences
Afamelanotide	Scenesse	Prevention of phototoxicity in adult patients with erythropoietic protoporphyria (EPP).	Medicine advice 08.02.2021	https://www.scottishmedicines.org.uk/medicines-advice/afamelanotide-scenesse-full-125117/	is not recommended for use within NHSScotland.	In a phase III study, afamelanotide increased the duration of time, over a six-month period, that patients with EPP spent in direct sunlight on pain-free days compared with placebo. The submitting company's justification of the treatment's cost in relation to its benefits was not sufficient and in addition the company did not present a sufficiently robust clinical and economic analysis to gain acceptance by SMC.From 8 February 2021, afamelanotide (Scenesse) can be prescribed within the ultra-orphan pathway while further evidence on its effectiveness is generated. After 3 years the company will provide an updated submission for reassessment to allow a decision on its routine use in NHSScotland.
Buprenorphine /naloxone sublingual film	Suboxone	Substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. The intention of the naloxone component is to deter intravenous misuse. Buprenorphine/naloxone is indicated in adults and adolescents over 15 years of age who have agreed to be treated for addiction.	Medicine advice – abbreviated submission 08.02.2021	https://www.scottishmedicines.org.uk/medicines-advice/buprenorphinenaloxone-suboxone-abb-smc2316/	Is accepted for restricted use within NHSScotland	SMC restriction: to those patients in whom methadone is not suitable and for whom the use of buprenorphine is considered appropriate. Buprenorphine/naloxone sublingual film (Suboxone®) and buprenorphine/naloxone sublingual tablets (Suboxone®) deliver similar plasma concentrations of buprenorphine but are not bioequivalent. Please refer to the relevant Summary of Product Characteristics for further detail, including guidance on switching between formulations.

Formoterol fumarate dihydrate/glycopyrronium/budesonide	(Trixeo Aerosphere)	For maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist or combination of a long-acting beta2-agonist and a long-acting muscarinic antagonist.	Medicine advice – abbreviated submission 08.02.2021	https://www.scottishmedicines.org.uk/medicines-advice/formoterol-fumarate-dihydrateglycopyrroniumbudesonide-trixeo-aerosphere-abb-smc2321/	is accepted for restricted use within NHSScotland.	SMC restriction: in patients with severe COPD (forced expiratory volume in one second [FEV1] less than 50% predicted normal). Formoterol fumarate dihydrate / glycopyrronium / budesonide (Trixeo® Aerosphere) offers an additional treatment choice of long-acting beta2-agonist (LABA), long-acting muscarinic antagonist (LAMA) and inhaled corticosteroid (ICS) in a single inhaler.
Leuprorelin acetate	Prostap	Adjuvant treatment in combination with tamoxifen or an aromatase inhibitor, of endocrine responsive early stage breast cancer in pre- and perimenopausal women at higher risk of disease recurrence (young age, high grade tumour, lymph node involvement).	Medicine advice – abbreviated 08.02.2021	https://www.scottishmedicines.org.uk/medicines-advice/leuprorelin-acetate-prostap-dcs-abb-smc2319/	is accepted for use within NHSScotland.	Leuprorelin offers an additional treatment choice in the therapeutic class of gonadotropin-releasing hormone (GnRH) analogues for this indication.
Leuproprelin acetate	Prostap	As treatment in pre- and perimenopausal women with advanced breast cancer suitable for hormonal manipulation.	Medicine advice – abbreviated submission 08.02.2021	https://www.scottishmedicines.org.uk/medicines-advice/leuprorelin-acetate-prostap-dcs-abb-smc2320/	is accepted for use within NHSScotland	Leuprorelin offers an additional treatment choice in the therapeutic class of gonadotropin-releasing hormone (GnRH) analogues for this indication.

Ozanimod	Zeposia	Treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) with active disease as defined by clinical or imaging features.	Medicine advice	https://www.scottishmedicines.org.uk/medicines-advice/ozanimod-zeposia-full-smc2309/	Is accepted for restricted use within NHSScotland..	SMC restriction: suitable for or requesting an oral treatment. In two phase III studies, ozanimod demonstrated a significantly greater reduction in annualised relapse rate compared with another disease-modifying treatment in patients with relapsing forms of multiple sclerosis. This advice applies only in the context of an approved NHSScotland Patient Access Scheme (PAS) arrangement delivering the cost-effectiveness results upon which the decision was based, or a PAS/ list price that is equivalent or lower.
Ravulizumab	Ultomiris	Treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH): • In patients with haemolysis with clinical symptom(s) indicative of high disease activity • In patients who are clinically stable after having been treated with eculizumab for at least the past 6 months..	Medicine advice	https://www.scottishmedicines.org.uk/medicines-advice/ravulizumab-ultomiris-full-smc2305/	Is accepted for restricted use within NHSScotland.	SMC restriction: under the advice of the national PNH service.In two open-label, randomised, phase III studies, ravulizumab was non-inferior to another complement inhibitor across a range of relevant outcomes assessing the control of haemolysis. This advice applies only in the context of an approved NHSScotland Patient Access Scheme (PAS) arrangement delivering the cost-effectiveness results upon which the decision was based, or a PAS/ list price that is equivalent or lower. This advice takes account of the views from a Patient and Clinician Engagement (PACE) meeting.
Upadacitinib	Rinvoq	Treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). Upadacitinib may be used as monotherapy or in combination with methotrexate.	Medicine advice	https://www.scottishmedicines.org.uk/medicines-advice/upadacitinib-rinvoq-full-smc2315/	Is accepted for restricted use within NHSScotland.	SMC restriction: in patients with severe disease (a disease activity score [DAS28] greater than 5.1) that has not responded to intensive therapy with a combination of conventional DMARDs and in patients with severe disease inadequately controlled by a TNF antagonist in whom rituximab is not appropriate. Upadacitinib (with or without methotrexate) compared with placebo, significantly improved signs and symptoms of RA in patients with an inadequate response to conventional DMARDs and in patients with an inadequate response to biological DMARDs. Upadacitinib was non-inferior to a biologic DMARD in patients who had an inadequate response to methotrexate. Costs from BNF online on 31 October 2020. Costs do not take patient access schemes into consideration: 15mg orally once daily: £10,472. This advice applies only in the context of an approved NHSScotland Patient Access Scheme (PAS) arrangement delivering the cost-effectiveness results upon which the decision was based, or a PAS/ list price that is equivalent or lower.