NEWSLETTER: News from the HTA Agencies

OCTOBER 2021

SUMMARY

Agency	Drug Number	Drug Name
CADTH Evidence Driven.	7	azacitidine, decitabine-cedazuridine, givosiran, incobotulinumtoxina, **liraglutide**, risperidone
HAS	10	acide tranexamique, dapagliflozine, ivacaftor, mésalazine , **nivolumab**, nivolumab +[ipilimumab], pembrolizumab, stiripentol, solution de cardioplégie, tezacaftor+ivacaftor+[ivacaftor]
ICER INSTITUTE FOR CLINICAL AND ECONOMIC REVIEW	3	eculizumab; efgartigimod; mavacamten
IQWiG	13	angiotensin II acetate, brentuximab vedotin, **cabozantinib**, elotuzumab, empagliflozin, glecaprevir + pibrentasvir, **nivolumab,** osimertinib, risdiplam, satralizumab, tralokinumab
NICE National Institute for Health and Care Excellence	9	apalutamide, atezolizumab, berotralstat, inclisiran, **nivolumab**, pembrolizumab, secukinumab, tofacitinib
Scottish Medicines Consortium	11	avapritinib, bempedoic acid + ezetimibe , cabotegravir, **cabozantinib**, chloroprocaine, empagliflozin, isatuximab, **liraglutide**, midazolam, olaparib, vericiguat

GENERIC NAME	BRAND NAME	INDICATION	TYPE OF DOCUMENT	Link	RECOMMENDATION	Info on costs
azacitidine	Onureg	Maintenance therapy in adult patients with acute myeloid leukemia (AML) who achieved complete remission (CR) or complete response with incomplete blood recovery (CRi) following induction therapy with or without consolidation treatment, and who are not eligible for hematopoietic stem cell transplantation (HSCT).	CADTH Reimbursement Recommendation. Final Recommendation: 20.10.2021	https://cadth.ca/sites/default/files/DRR/2021/PC0245%20Onureg%20-%20CADTH%20Final%20Rec.pdf	The CADTH pCODR Expert Review Committee (pERC) recommends that oral azacitidine should be reimbursed as maintenance therapy for the treatment of adult patients with acute myeloid leukemia (AML) who have achieved complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following induction therapy with or without consolidation treatment, and who are ineligible for hematopoietic stem cell transplantation (HSCT) only if the conditions listed in Table 1 are met. 1. Patients must have newly diagnosed AML (de novo or secondary to prior MDS or CMML) with intermediate- or poor-risk cytogeneticsa 2. Patients must have achieved first remission (CR or CRi) following induction with or without consolidation chemotherapy. 3. Patients must not be eligible for HSCT 4. Patients must have an ECOG performance status of 0 to 3 and adequate organ function. 5. Patients must be adults (≥ 18 years of age).	A reduction in price. The ICER for oral azacitidine is $355,456 when compared with BSC. A price reduction of at least 85% would be required for oral azacitidine to be able to achieve an ICER of $50,000 per QALY compared to BSC.

decitabine-cedazuridine	Inqovi	For treatment of adult patients with myelodysplastic syndromes (MDS) including previously treated and untreated, de novo and secondary MDS with the following French-AmericanBritish subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, and chronic myelomonocytic leukemia [CMML]) and intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System (IPSS) groups	CADTH Reimbursement Recommendation. Final Recommendation: 22.09.2021	https://www.cadth.ca/sites/default/files/pcodr/Reviews2021/10228Decitabine-CedazuridineMDS_FnRec_REDACT_Post22Sep2021_final.pdf	The CADTH pCODR Expert Review Committee (pERC) recommends that decitabine and cedazuridine should be reimbursed for the treatment of adult patients with myelodysplastic syndromes (MDS) including previously treated and untreated, de novo and secondary MDS with the following French-American-British subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, and chronic myelomonocytic leukemia [CMML]) and intermediate-1, intermediate-2, and highrisk International Prognostic Scoring System (IPSS) groups only if the conditions listed in Table 1 are met. 1. Treatment with decitabine and cedazuridine should be reimbursed in adult patients with MDS who: 1.1. have previously treated or untreated with de novo or secondary MDS, including all FAB subtypes (RA, RARS, RAEB, RAEB-t, and CMML); or 1.2. have IPSS intermediate-1, intermediate-2, or high-risk MDS 2. Patient must have ECOG PS of 0 to 2 and adequate organ function upon treatment initiation with decitabine and cedazuridine.	At the recommended dosage of decitabine and cedazuridine is one tablet (35 mg decitabine and 100 mg cedazuridine) taken orally once daily on days one through five of each 28-day cycle, for a 28-day cycle cost of $4,396
givosiran	Givlaari	For the treatment of acute hepatic porphyria (AHP) in adults	CADTH Reimbursement Recommendation. Final Recommendation: 24.09.2021	https://www.cadth.ca/sites/default/files/DRR/2021/SR0679%20Givlaari%20-%20CADTH%20Final%20Rec-pw.pdf	The CADTH Canadian Drug Expert Committee (CDEC) recommends that givosiran should be reimbursed for the treatment of acute hepatic porphyria (AHP) in adults only if the condition in Table 1: 1. Reimbursement of givosiran should be restricted to patients with 4 or more attacks requiring either hospitalization, an urgent health care visit, or IV hemin in the year before the prescribing date.	A reduction in price. The ICER for givosiran, in a subgroup of patients with AHP who have recurrent attacks, is $14,211,820 compared BSC. A price reduction of 57% would be required for givosiran to be able to achieve an ICER of $50,000 per QALY compared with BSC.

incobotulinum toxina	Xeomin	For the treatment of chronic sialorrhea associated with neurological disorders in adults	CADTH Reimbursement Recommendation. Final Recommendation: 01.10.2021	https://www.cadth.ca/sites/default/files/DRR/2021/SR0678%20Xeomin%20-%20CADTH%20Final%20Rec.pdf	The CADTH Canadian Drug Expert Committee (CDEC) recommends that incobotulinumtoxinA should be reimbursed for the treatment of chronic sialorrhea associated with neurologic disorders in adults only if the conditions listed in Table 1 are met 1. Adult patients with moderate to severe chronic troublesome sialorrhea, defined as: 1.1. Sialorrhea lasting for ≥ 3 months 1.2. DSFS sum score ≥ 6 and DSFS scores for both severity and frequency ≥ 2 at the time of initial request for reimbursement. 2. Patients must not have evidence of dysphagia 3. The maximum duration of initial authorization is 16 weeks.	A reduction in price. The ICER for incobotulinumtoxinA in combination with SoC is $67,239 when compared with SoC. A price reduction of 30% would be required for incobotulinumtoxinA to be able to achieve an ICER of $50,000 per QALY compared to SoC.
liraglutide	Saxenda	As an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index of: • 30 kg/m2 or greater (obese), or • 27 kg/m2or greater (overweight) in the presence of at least 1 weight-related comorbidity (e.g., hypertension, type 2 diabetes, or dyslipidemia) and who have failed a previous weight management intervention.	CADTH Reimbursement Recommendation. Final Recommendation: 20.09.2021	https://www.cadth.ca/sites/default/files/DRR/2021/SR0668%20Saxenda%20-%20CADTH%20Final%20Rec%20KT_BF_KT-pw.pdf	The CADTH Canadian Drug Expert Committee (CDEC) recommends that liraglutide **should not be reimbursed** as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients.	Liraglutide is available as a daily 3 mg subcutaneous injection. Liraglutide is initiated at a dose of 0.6 mg which is increased weekly up to the 3 mg dose. Liraglutide is supplied in a pack of 5 pre-filled pens for a total of 90 mg. Based on the unit cost for the pack ($375.10), the annual cost per patient is $4,389 in the first year and $4,564 thereafter.

risperidone extended-release	Perseris	For the treatment of schizophrenia in adults	CADTH Reimbursement Recommendation. Final Recommendation: 24.09.2021	https://www.cadth.ca/sites/default/files/DRR/2021/SR0671%20Perseris%20-%20CADTH%20Final%20Rec-pw.pdf	The CADTH Canadian Drug Expert Committee (CDEC) recommends that risperidone for extended-release injectable suspension (90 mg or 120 mg subcutaneous injection) should be reimbursed for the treatment of schizophrenia in adults only if the condition listed in Table 1 : 1. Reimburse in a similar manner to other long-acting injectable atypical antipsychotic agents for the treatment of adults with schizophrenia.	The drug plan cost of treatment with risperidone ER should not exceed the least costly long-acting injectable atypical antipsychotic drug reimbursed for the treatment of schizophrenia. At the submitted price, risperidone ER is more costly than some other atypical antipsychotic long-acting injectable antipsychotic drugs (especially at the higher dosing regimens). **There is insufficient evidence to justify a cost premium for risperidone ER over the least expensive long-acting injectable atypical antipsychotic drug reimbursed for schizophrenia.**

Si rende noto che per i farmaci: budesonide (Jorveza®), daunorubicin and cytarabine (Vyxeos®), human insulin (Entuzity KwikPen ®), upadacitinib (Rinvoq®), venetoclax (Venclexta®) inseriti nella newsletter di Agosto 2021 è disponibile per ognuno di essi il documento: "Clinical and Pharmacoeconomic combined Report"

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

Generic name	Brand name	Indication	Type of document	link	Avis et Ammelioration du Service Medical Rendu	Note
acide tranexamique	Exacyl	Prévention et traitement des hémorragies dues à une fibrinolyse générale ou locale chez l'adulte et l'enfant à partir d'un an. Les indications spécifiques incluent : ●Intervention chirurgicale gynécologique ou affections d'origine obstétricale, ● Intervention chirurgicale thoracique et abdominale et autres interventions chirurgicales majeures telles qu'une chirurgie cardiovasculaire.	Avis de la CT 04.10.2021*	https://www.has-sante.fr/upload/docs/evamed/CT-19201_EXACYL_PIC_%20EI_Avisdef_CT19201.pdf	**Nouvelles indications.** Avis favorable au remboursement dans la prévention et le traitement des hémorragies dues à une fibrinolyse générale ou locale chez l'adulte et l'enfant à partir d'un an : -Intervention chirurgicale gynécologique ou affections d'origine obstétricale, -Intervention chirurgicale thoracique et abdominale et autres interventions chirurgicales majeures telles qu'une chirurgie cardiovasculaire **La Commission considère qu'EXACYL (acide tranexamique) 0,5 g/5 mL IV, solution injectable, n'apporte pas d'amélioration du service médical rendu (ASMR V) dans la stratégie thérapeutique de prévention et de traitement des hémorragies dues à une fibrinolyse générale ou locale chez l'adulte et l'enfant à partir d'un an lors d'une intervention chirurgicale gynécologique, thoracique abdominale et autres interventions chirurgicales majeures telles qu'une chirurgie cardiovasculaire. La Commission de Transparence considère qu'EXACYL (acide tranexamique) 0,5g/5mL IV, solution injectable, n'apporte pas d'amélioration du service médical rendu (ASMR V) dans la stratégie thérapeutique de prévention et de traitement des hémorragies dues à une fibrinolyse générale ou locale chez l'adulte et l'enfant à partir d'un an lors d'affections d'origine obstétricale.**	*data della messa on-line. Data effettiva di valutazione: 30 GIUGNO 2021

dapagliflozine	Forxiga	Traitement de la maladie rénale chronique chez l'adulte : - en association à un traitement standard optimisé (inhibiteur de l'enzyme de conversion (IEC) ou antagoniste du récepteur de l'angiotensine II (sartans), sauf si contre-indication) ; - avec un débit de filtration glomérulaire (DFG) compris entre 25 et 75 mL/min/1,73m² et un rapport albumine / créatinine urinaire compris entre 200 et 5 000 mg/g ; - insuffisamment contrôlée malgré des thérapeutiques médicamenteuses bien conduites : IEC ou sartans.	Avis de la CT 25.10.2021	https://www.has-sante.fr/upload/docs/application/pdf/2021-10/forxiga_avis_ap_aut_post_amm_ctap11.pdf	**Autorisation d'accès précoce** octroyée le 21 octobre 2021 à la spécialité FORXIGA (dapagliflozine) du laboratoire ASTRAZENECA dans l'indication « traitement de la maladie rénale chronique (MRC) chez l'adulte : - en association à un traitement standard optimisé (inhibiteur de l'enzyme de conversion (IEC) ou antagoniste du récepteur de l'angiotensine II (sartans), sauf si contre-indication) - avec un débit de filtration glomérulaire (DFG) compris entre 25 et 75 mL/min/1,73m² et un rapport albumine / créatinine urinaire compris entre 200 et 5 000 mg/g - insuffisamment contrôlée malgré des thérapeutiques médicamenteuses bien conduites : IEC ou sartans », ayant obtenu une autorisation de mise sur le marché attestant de son efficacité et de sa sécurité ». La commission de la transparence (CT) a considéré que : 1) L'indication visée dans la demande constitue une maladie grave et invalidante, dès lors que la MRC est caractérisée par une mortalité élevée et par une morbidité liée aux atteintes fonctionnelles multi-organiques et notamment cardiovasculaires qu'elle entraîne ; 2) Il n'existe pas de traitement approprié dans la mesure où la spécialité INVOKANA (canagliflozine) n'est pas prise en charge ; 3) La mise en œuvre du traitement peut être différée au regard du fait que la MRC est caractérisée par une évolution lente, que l'efficacité de la dapagliflozine dans l'étude DAPA-CKD n'était pas d'apparition immédiate et considérant que le produit a fait l'objet d'une demande de remboursement dans le cadre du droit commun, qui devrait prochainement conduire à une mise à disposition du produit dans la population concernée par la demande d'accès précoce ; 4) Ce médicament est présumé innovant (au regard des comparateurs cliniquement pertinents) notamment car il s'agit d'une nouvelle modalité de prise en charge de la maladie apportant un changement substantiel aux patients en termes d'efficacité. **Cette spécialité relève de la catégorie des médicaments soumis à prescription initiale annuelle réservée aux spécialistes en cardiologie, en endocrinologie - diabétologie - nutrition ou en médecine interne. La présente autorisation est valable pour une durée de 1 an à compter de sa date de notification. Elle peut être renouvelée dans les conditions prévues à l'article R. 5121-69-4 du code de la santé publique.**	

ivacaftor	Kalydeco	KALYDECO granulés est indiqué dans le traitement des nourrissons âgés d'au moins 4 mois, pesant de 5 kg à moins de 25 kg atteints de mucoviscidose porteurs de l'une des mutations de défaut de régulation (classe III) du gène CFTR suivantes : G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N ou S549R1 .	Avis de la CT 04.10.2021	https://www.has-sante.fr/upload/docs/evamed/CT-19126_KALYDECO_PIC_EI_AvisDef_CT19126.pdf	**Nouvelle indication.** Avis favorable au remboursement dans le traitement des nourrissons âgés d'au moins 4 mois à moins de 6 mois, pesant de 5 kg à moins de 25 kg atteints de mucoviscidose porteurs de l'une des mutations de défaut de régulation (classe III) du gène CFTR spécifiée dans le libellé de l'AMM. **La Commission considère que KALYDECO (ivacaftor) apporte, comme chez les enfants âgés de plus de 6 mois, une amélioration du service médical rendu importante (ASMR II) dans la prise en charge thérapeutique de la mucoviscidose chez les nourrissons âgés d'au moins 4 mois à moins de 6 mois, pesant de 5 kg à moins de 25 kg atteints de mucoviscidose porteurs de l'une des mutations de défaut de régulation (classe III) du gène CFTR suivantes : G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N ou S549R.**	*data della messa on-line. Data effettiva di valutazione: 30 GIUGNO 2021
nivolumab	Opdivo	OPDIVO est indiqué en monothérapie dans le traitement des patients adultes atteints d'un carcinome épidermoïde de l'œsophage (CEO) avancé non résécable, récurrent ou métastatique, après une chimiothérapie combinée antérieure à base de fluoropyrimidine et de sels de platine	Avis de la CT 05.10.2021	https://www.has-sante.fr/upload/docs/evamed/CT-19125_OPDIVO_PIC_EI_AvisD%C3%A9f_CT19125.pdf	**Extension d'indication. Avis défavorable** au remboursement, dans le traitement en monothérapie des patients adultes atteints d'un carcinome épidermoïde de l'oesophage (CEO) avancé non résécable, récurrent ou métastatique, après une chimiothérapie combinée antérieure à base de fluoropyrimidine et de sels de platine. **La Commission considère que le service médical rendu par OPDIVO (nivolumab) est insuffisant pour justifier d'une prise en charge par la solidarité nationale dans la nouvelle indication de l'AMM.**	*data della messa on-line. Data effettiva di valutazione: 21 LUGLIO 2021
nivolumab +[ipilimumab]	Opdivo+ [Yervoy]	dans le traitement des patients adultes atteints d'un **cancer colorectal métastatique** avec une déficience du système de réparation des mésappariements de l'ADN (dMMR) ou une instabilité microsatellitaire élevée (MSI-H), après une association antérieure de chimiothérapie à base de fluoropyrimidine,	Avis de la CT 04.10.2021*	https://www.has-sante.fr/jcms/p_3287835/fr/opdivo-nivolumab-et-yervoy-ipilimumab	**Autorisation d'accès précoce refusée** le 29 septembre 2021 à l'association OPDIVO 10mg/mL et YERVOY 5mg/mL (nivolumab+ipilimumab) du laboratoire BRISTOL MYERS SQUIBB, dans l'indication « OPDIVO est indiqué en association à l'ipilimumab, dans le traitement des patients adultes atteints d'un cancer colorectal métastatique (CCRm) avec une déficience du système de réparation des mésappariements de l'ADN (dMMR) ou une instabilité microsatellitaire élevée (MSI-H), après une association antérieure de chimiothérapie à base de fluoropyrimidine, n'ayant pas reçu un traitement antérieur par immunothérapie et présentant un score ECOG de 0 ou 1. YERVOY est indiqué en association au nivolumab, dans le traitement des patients adultes atteints d'un cancer colorectal métastatique avec une	*data della messa on-line. Data effettiva di valutazione: 30 GIUGNO 2021

		n'ayant pas reçu un traitement antérieur par immunothérapie et présentant un score ECOG de 0 ou 1.			déficience du système de réparation des mésappariements de l'ADN (dMMR) ou une instabilité microsatellitaire élevée (MSI-H), après une association antérieure de chimiothérapie à base de fluoropyrimidine, n'ayant pas reçu un traitement antérieur par immunothérapie et présentant un score ECOG de 0 ou 1 ». **Au regard de l'ensemble de ces éléments, le collège conclut que les critères visés à l'article L. 5121-12 du code de la santé publique ne sont pas remplis. Par conséquent, l'autorisation d'accès précoce est refusée.**	
nivolumab + [ipilimumab]	Opdivo + [Yervoy]	L'association nivolumab/ipilimumab est indiqué, en association à 2 cycles de chimiothérapie à base de sels de platine, en première ligne, dans le traitement des patients adultes atteints d'un **cancer bronchique non à petites cellules métastatique** dont les tumeurs ne présentent pas la mutation sensibilisante de l'EGFR, ni la translocation ALK.	Avis de la CT 07.10.2021*	https://www.has-sante.fr/upload/docs/evamed/CT-19005_OPDIVO_YERVOY_PIC_EI_AvisDef_CT19005&19006.pdf	**Nouvelle indication.** Avis favorable au remboursement en association à 2 cycles de chimiothérapie à base de sels de platine, en première ligne, dans le traitement des patients adultes atteints d'un cancer bronchique non à petites cellules métastatique dont les tumeurs ne présentent pas la mutation sensibilisante de l'EGFR, ni la translocation ALK**.** **La Commission de la Transparence considère qu'OPDIVO/YERVOY (nivolumab/ipilimumab), en association à 2 cycles de chimiothérapie à base de sels de platine, apporte une amélioration du service médical rendu mineure (ASMR IV) par rapport à la chimiothérapie, dans le traitement de première ligne des patients adultes atteints d'un cancer bronchique non à petites cellules métastatique dont les tumeurs ne présentent pas la mutation sensibilisante de l'EGFR, ni la translocation ALK.**	*data della messa on-line. Data effettiva di valutazione: 16 GIUGNO 2021
pembrolizumab	Keytruda	KEYTRUDA est indiqué en monothérapie dans le traitement des patients adultes et pédiatriques âgés de 3 ans et plus atteints d'un lymphome de Hodgkin classique en rechute ou réfractaire après échec d'une greffe de cellules souches (GCS) autologue ou après au moins deux lignes de traitement antérieures lorsque la GCS autologue n'est pas une option de traitement	Avis de la CT 06.10.2021	https://www.has-sante.fr/upload/docs/evamed/CT-19273_KEYTRUDA_PIC_EI_AvisDef_CT19273.pdf	**Nouvelle indication et réévaluation.** Avis favorable au remboursement en monothérapie dans le traitement des patients adultes et pédiatriques âgés de 3 ans et plus atteints d'un lymphome de Hodgkin classique en rechute ou réfractaire après échec d'une greffe de cellules souches autologue (ASCT) ou après au moins deux lignes de traitement antérieures lorsque la greffe autologue n'est pas une option de traitement. **La Commission de la Transparence considère que KEYTRUDA (pembrolizumab) en monothérapie apporte une amélioration du service médical rendu mineure (ASMR IV) par rapport au brentuximab vedotin chez les enfants de 3 ans et plus et les adultes atteints d'un lymphome de Hodgkin classique en rechute ou réfractaire après échec d'une greffe de cellules souches autologue (ASCT) ou après au moins deux lignes de traitement antérieures lorsque la greffe autologue n'est pas une option de**	

					traitement.	
solution de cardioplégie	Perisoc	● Cardioplégie au cours des interventions de chirurgie cardiaque; ● Protection des organes durant les interventions en champ opératoire exsangue (cœur, rein, foie) ; ● Conservation des organes destinés à la transplantation : perfusion et conservation à froid (cœur, rein, foie, pancréas)	Avis de la CT 04.10.2021	https://www.has-sante.fr/upload/docs/evamed/CT-19203_PERISOC_PIC_INS_Avisdef_CT19203.pdf	**Première évaluation.** Avis favorable au remboursement: ● en cardioplégie au cours des interventions de chirurgie cardiaque; ● dans la protection des organes durant les interventions en champ opératoire exsangue (coeur, rein, foie); ● dans la conservation des organes destinés à la transplantation: perfusion et conservation à froid (coeur, rein, foie, pancréas). **Compte tenu : - de l'absence de données robustes permettant de démontrer un avantage de PERISOC en termes d'efficacité et tolérance par rapport aux alternatives ; - du besoin médical couvert par des alternatives actuellement disponibles médicamenteuses ou non médicamenteuses, dont BRETSCHNEIDER ayant la même composition qualitative et quantitative que PERISOC. la Commission de la Transparence considère que PERISOC n'apporte pas d'amélioration du service médical rendu (ASMR V) dans la stratégie thérapeutique actuelle de la cardioplégie.**	
stiripentol	Diacomit	DIACOMIT est indiqué en association au valproate de sodium et au clobazam dans le traitement des convulsions tonico-cloniques généralisées chez des patients atteints d'une épilepsie myoclonique sévère du nourrisson (EMSN, syndrome de Dravet) et insuffisamment contrôlées par l'association clobazam / valproate de sodium	Avis de la CT 06.10.2021	https://www.has-sante.fr/upload/docs/evamed/CT-19438_DIACOMIT_100mg_g%C3%A9lule_PIS_AvisDef_CT19438.pdf	**Mise à disposition d'un nouveau dosage.** Avis favorable au remboursement en association au valproate de sodium et au clobazam dans le traitement des convulsions tonico-cloniques généralisées chez des patients atteints d'une épilepsie myoclonique sévère du nourrisson (EMSN, syndrome de Dravet) et insuffisamment contrôlées par l'association clobazam / valproate de sodium. **Cette spécialité est un complément de gamme qui n'apporte pas d'amélioration du service médical rendu (ASMR V) par rapport à DIACOMIT 250 mg et 500 mg (stiripentol), gélule.**	
tezacaftor+ivacaftor+[ivacaftor]	Symkevi + [Kalydeco]	KALYDECO comprimés est indiqué en association avec tezacaftor/ivacaftor dans le traitement des adultes, des adolescents et des enfants âgés de 6 ans et plus atteints	Avis de la CT 06.10.2021*	https://www.has-sante.fr/upload/docs/evamed/CT-19157_KALYDEC	**Première évaluation.** Avis favorable au remboursement dans le traitement des patients atteints de mucoviscidose âgés de 6 ans et plus, homozygotes pour la mutation F508del ou hétérozygotes pour la mutation F508del et porteurs d'une mutation du gène CFTR spécifiée dans l'AMM. **La Commission considère que comme chez les patients âgés de 12 ans et plus, SYMKEVI (tezacaftor/ivacaftor) en association avec KALYDECO**	*data della messa on-line. Data effettiva di valutazione: 30 GIUGNO

		de mucoviscidose homozygotes pour la mutation F508del ou hétérozygotes pour la mutation F508del et porteurs de l'une des mutations suivantes du gène CFTR : P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G et 3849+10kbC→T. SYMKEVI est indiqué en association avec l'ivacaftor comprimés dans le traitement des patients atteints de mucoviscidose âgés de 6 ans et plus homozygotes pour la mutation F508del ou hétérozygotes pour la mutation F508del et porteurs de l'une des mutations suivantes du gène CFTR (cystic fibrosis transmembrane conductance regulator) : P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G et 3849+10kbC→T.		O_SYMKEVI_PIC_INS_EI_AvisDef_CT19159_19157_19156_19158.pdf	**(ivacaftor) apporte une amélioration du service médical rendu mineure (ASMR IV) dans la prise en charge thérapeutique de la mucoviscidose chez les patients âgés de 6 ans et plus, homozygotes pour la mutation F508del.**	2021

**Esclusi dal report i seguenti medicinali valuati da HAS perché si tratta di rivalutazioni oppure di confezioni complement di gamma : Bortezomib Accord, défibrotide; idursulfase (Elaprase); larotrectinib (Vitrakvi); ascorbate ferreux (Ascofer); latanoprost + timolol (Kilatim); Cabazitaxel Zentiva; dolutégravir (Tivicay); colécalciférol (Zymad); formotérol + glycopyrronium + béclométasone (Trimbow); rilpivirine + dolutégravir (Juluca); romiplostim (Nplate); emtricitabine/ ténofovir disoproxil (Truvada); kétotifène (Ketazed); Bimatoprost Idifarma; selpercatinib (Retsevmo); dolutégravir + [lamivudine] (Dovato); Irinotecan Sun, ranibizumab (Lucentis), mèsalazine (Fisava)*

ICER
https://icer.org/

Generic name	Brand name	Indication	Type of document/Data	link	Summary of evidence
eculizumab	Soliris	Myasthenia gravis	**Final Evidence Report** 20.10.2021	https://icer.org/wp-content/uploads/2021/03/ICER_Myasthenia-Gravis_Final-Report_102021-1.pdf	**Report at a Glance** https://icer.org/wp-content/uploads/2021/10/Myasthenia-Gravis-RAAG-vFINAL_OCT2021.pdf
efgartigimod					
mavacamten	MyoKardia and Bristol-Myers Squibb	Hypertrophic Cardiomyopathy	Evidence Report 07.10.2021	https://icer.org/wp-content/uploads/2021/04/ICER_HCM_Revised_Report_100721.pdf	

IQWIG

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

Generic Name	Brand name	Indication	Type of document	link	Recommendation	Note
angiotensin II acetate [A21-95]	Giapreza	Refractory hypotension in adults with septic or other distributive shock who remain hypotensive despite appropriate restoration of volume and use of catecholamines or other available vasoconstrictive therapies.	Dossier assessment 15.10.2021	https://www.iqwig.de/en/projects/a21-95.html	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.
brentuximab vedotin [G21-21]	Adcetris	Systemic anaplastic large cell lymphoma	Dossier assessment 01.10.2021	https://www.iqwig.de/en/projects/g21-21.html		The added medical benefit of orphan drugs is deemed as proven by the fact that they have been approved. On behalf of 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.

Cabozantinib [A21-49] [A21-119] [G21-27]	Cabometyx	Adults with treatment-naive advanced **renal cell** carcinoma	Dossier assessment + Addendum 20.10.1021	https://www.iqwig.de/en/projects/a21-49.html	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. *The current version 1.1 of the dossier assessment replaces version 1.0 published on 2021-08-02.*
cabozantinib [G21-20]	Cabometyx	**Thyroid** carcinoma	Dossier assessment 01.10.2021	https://www.iqwig.de/en/projects/g21-20.html		The added medical benefit of orphan drugs is deemed as proven by the fact that they have been approved. On behalf of 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.
elotuzumab [A21-90]	Empliciti	Treatment of adults with relapsed and refractory multiple myeloma who have received at least 2 prior therapies including lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy	Dossier assessment 01.10.2021	https://www.iqwig.de/en/projects/a21-90.html	**1)** Patients **without** prior stem cell therapy: Indication of major added benefit. **2)** Patients **with** prior stem cell therapy: 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.

empagliflozin [A21-93]	Jardiance	Adults with symptomatic chronic heart failure with reduced ejection fraction	Dossier assessment 15.10.2021	https://www.iqwig.de/en/projects/a21-93.html	Hint of non-quantifiable added benefit	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.
glecaprevir + pibrentasvir [A21-88]	Maviret	Children aged 3 to < 12 years with chronic HCV infection	Addendum 01.10.2021	https://www.iqwig.de/en/projects/a21-88.html	Genotype 1, 4, 5 or 6: added benefit not proven. -Genotype 2 or 3: 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..
nivolumab [A21-89]	Opdivo	First-line treatment of unresectable malignant **pleural mesothelioma** in adults	Dossier assessment 01.10.2021	https://www.iqwig.de/en/projects/a21-89.html	**1)** Patients with epithelioid tumour histology: added benefit **not proven.** **2)** Patients with non-epithelioid tumour histology: indication of considerable added benefit.	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. ***nivolumab + ipilimumab: added benefit in pleural mesothelioma with non-epithelioid tumour histology*** *https://www.iqwig.de/en/presse/press-releases/press-releases-detailpage_49547.html*

nivolumab [A21-59]	Opdivo	Adults with treatment-naive advanced **renal cell** carcinoma	Dossier Assessment 20.10.2021	https://www.iqwig.de/en/projects/a21-59.html	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. *The current version 1.1 of the dossier assessment replaces version 1.0 published on 2021-08-02.*
osimertinib [A21-86]	Tagrisso	Adjuvant treatment of adult patients with stage IB to IIIA non-small cell lung cancer (NSCLC) with exon 19 deletion or exon 21 substitution mutation (L858R) of the epidermal growth factor receptor (EGFR) after complete tumour resection	Dossier assessment 01.10.2021	https://www.iqwig.de/en/projects/a21-86.html	**1)**Without prior adjuvant platinum-based chemotherapy: added benefit **not proven.** **2)**Patients after prior adjuvant platinum-based chemotherapy or for whom this therapy it is not suitable: hint of considerable added benefit.	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.
risdiplam [A21-50] [A21-118]	Evrysdi	Patients with 5q spinal muscular atrophy (SMA)	Dossier assessment + Addendum 21.10.2021	https://www.iqwig.de/en/projects/a21-50.html	**1)** Patients 2 months of age and older with SMA type 1: hint of a non-quantifiable added benefit. **2)** Patients 2 months of age and older with **SMA type 2 or 3**, and patients **with up to 4 SMN2 gene copies**: 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

satralizumab [G21-22]	Enspryng	neuromyelitis optica spectrum disorders	Dossier assessment 15.10.2021	https://www.iqwig.de/en/projects/g21-22.html		the added medical benefit of orphan drugs is deemed as proven by the fact that they have been approved. On behalf of 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.
tralokinumab [A21-94]	Adtralza	Adult patients with moderate to severe atopic dermatitis who are candidates for systemic therapy	Dossier assessment 15.10.2021	https://www.iqwig.de/en/projects/a21-94.html	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.

Generic Name	Brand name	Indication	Type of document	link	Recommendation
apalutamide	Erleada	with androgen deprivation therapy for treating high-risk hormone **relapsed non-metastatic** prostate cance	Technology appraisal guidance [TA740] 28.10.2021	https://www.nice.org.uk/guidance/ta740/resources/apalutamide-with-androgen-deprivation-therapy-for-treating-highrisk-hormonerelapsed-nonmetastatic-prostate-cancer-pdf-82611308252869	Apalutamide plus androgen deprivation therapy (ADT) is recommended, within its marketing authorisation, as an option for treating hormone-relapsed non-metastatic prostate cancer that is at high risk of metastasising in adults. High risk is defined as a blood prostate-specific antigen (PSA) level that has doubled in 10 months or less on continuous ADT. It is recommended only if the company provides apalutamide according to the commercial arrangement. The price for apalutamide is £2,735 per pack of 112 tablets, each containing 60 mg of the active ingredient (excluding VAT; BNF online, March 2021). The company has a commercial arrangement (simple discount patient access scheme). Clinical trial evidence suggests that, compared with placebo plus ADT, apalutamide plus ADT increases the time until the disease spreads and how long people live. The cost-effectiveness estimates are within what NICE considers to be an acceptable use of NHS resources. So, apalutamide plus ADT is recommended.
apalutamide	Erleada	with androgen deprivation therapy for treating hormone-**sensitive metastatic** prostate cancer	Technology appraisal guidance [TA741] 28.10.2021	https://www.nice.org.uk/guidance/ta741/resources/apalutamide-with-androgen-deprivation-therapy-for-treating-hormonesensitive-metastatic-prostate-cancer-pdf-82611309932485	Apalutamide plus androgen deprivation therapy (ADT) is recommended as an option for treating hormone-sensitive metastatic prostate cancer in adults, only if: • docetaxel is not suitable • the company provides apalutamide according to the commercial arrangement. The price for apalutamide is £2,735 per pack of 112 tablets, each containing 60 mg of the active ingredient (excluding VAT; BNF online, March 2021). The company has a commercial arrangement (simple discount patient access scheme). Clinical trial evidence suggests that, compared with placebo plus ADT, apalutamide plus ADT increases the time until the disease progresses and how long people live. Apalutamide plus ADT is not cost effective compared with docetaxel. However, compared with ADT, the cost-effectiveness estimates for apalutamide plus ADT are within what NICE considers to be an acceptable use of NHS resources. So, apalutamide plus ADT is recommended for people with hormone-sensitive metastatic prostate cancer only if they cannot have docetaxel.

atezolizumab	Tecentriq	for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable	Technology appraisal guidance [TA739] 27.10.2021	https://www.nice.org.uk/guidance/ta739/resources/atezolizumab-for-untreated-pdl1positive-advanced-urothelial-cancer-when-cisplatin-is-unsuitable-pdf-82611262903237	Atezolizumab is recommended, within its marketing authorisation, as an option for untreated locally advanced or metastatic urothelial cancer in adults whose tumours express PD-L1 at a level of 5% or more and when cisplatin-containing chemotherapy is unsuitable. This is only if the company provides atezolizumab according to the commercial arrangement. The list price is £3,807.69 per 1,200-mg vial (excluding VAT; BNF online, accessed August 2021), which is an annual cost of around £66,000. The new evidence includes data from a clinical trial and from people having treatment in the NHS, while this treatment was available in the Cancer Drugs Fund in England. The clinical trial shows that people who have atezolizumab are likely to live longer than those who have platinum-based chemotherapy. Atezolizumab meets NICE's criteria to be considered a life-extending treatment at the end of life. The cost-effectiveness estimates are likely to be within what NICE considers an acceptable use of NHS resources. So, atezolizumab is recommended.
berotralstat	Orladeyo	Prevention of recurrent attacks of hereditary angioedema	Technology appraisal guidance [TA738] 20.10.2021	https://www.nice.org.uk/guidance/ta738/resources/berotralstat-for-preventing-recurrent-attacks-of-hereditary-angioedema-pdf-82611261223621	Berotralstat is recommended as an option for preventing recurrent attacks of hereditary angioedema in people 12 years and older, only if: • they have at least 2 attacks per month, and • it is stopped if the number of attacks per month does not reduce by at least 50% after 3 months. It is only recommended if the company provides berotralstat according to the commercial arrangement. The list price of berotralstat is £10,205 for a 28-pack of 150 mg capsules (company submission), which equates to an annual cost of £133,120.60 Despite some uncertainty in the clinical evidence, berotralstat is considered cost effective for people who have at least 2 attacks per month, and if they stop having berotralstat if it has not reduced attacks enough after 3 months. So, it is recommended for these people.
inclisiran	Leqvio	treament primary hypercholesterolaemia or mixed dyslipidaemia	Technology appraisal guidance [TA733] 06.10.2021	https://www.nice.org.uk/guidance/ta733/resources/inclisiran-for-treating-primary-hypercholesterolaemia-or-mixed-dyslipidaemia-pdf-82611252825541	Inclisiran is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if: 1)there is a history of any of the following cardiovascular events: acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation); coronary or other arterial revascularisation procedures; coronary heart disease; ischaemic stroke or peripheral arterial disease; 2)low-density lipoprotein cholesterol (LDL-C) concentrations are persistently 2.6 mmol/l or more, despite maximum tolerated lipid-lowering therapy, that is: maximum tolerated statins with or without other lipid-lowering therapies or, other lipid-lowering therapies when statins are not tolerated or are contraindicated, and 3) the company provides inclisiran according to the commercial arrangement. Inclisiran costs £1,987.36 per 284-mg dose pack (company submission).

					There is no data directly comparing inclisiran with ezetimibe, alirocumab or evolocumab. There is also no long-term evidence on whether inclisiran reduces cardiovascular events. This means the clinical evidence and the costeffectiveness estimates are very uncertain. But, despite the uncertainties, inclisiran is still considered cost effective in people who have previously had a cardiovascular event and have persistently high LDL-C levels (2.6 mmol/l or more) despite maximum lipid-lowering therapy. Therefore, inclisiran is recommended as an option in this population. In people who have never had a cardiovascular event, the cost-effectiveness estimates were very uncertain and likely to be above what NICE considers an acceptable use of NHS resources. But, a clinical trial is planned that will look at inclisiran's effect on cardiovascular events in this population. So in this population, inclisiran is recommended only in research.
nivolumab	Opdivo	For the treatment of recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy	Technology appraisal guidance [TA736] 20.10.2021	https://www.nice.org.uk/guidance/ta736/resources/nivolumab-for-treating-recurrent-or-metastatic-squamous-cell-carcinoma-of-the-head-and-neck-after-platinumbased-chemotherapy-pdf-82611257864389	Nivolumab is recommended as an option for treating recurrent or metastatic squamous cell carcinoma of the head and neck in adults whose disease has progressed on platinum-based chemotherapy, only if: • the disease has progressed within 6 months of having chemotherapy and• the company provides it according to the commercial arrangement. The list price is £439 per 40-mg vial, £1,097 per 100-mg vial and £2,633 per 240-mg vial (excluding VAT; BNF online [accessed June 2021] and company submission). The new evidence includes data from 1 clinical trial and from people having treatment in the NHS, while this treatment was available in the Cancer Drugs Fund in England. The new evidence shows that people who have nivolumab are likely to live up to 9 months longer than those who have other treatments. But it is unclear how well nivolumab works compared with docetaxel, which is the most relevant comparator.
pembrolizumab	Keytruda	Pembrolizumab in combination with platinum- and fluoropyrimidine-based chemotherapy is indicated for untreated advanced oesophageal and gastro-oesophageal junction cancer	Technology appraisal guidance [TA737] 20.10.2021	https://www.nice.org.uk/guidance/ta737/resources/pembrolizumab-with-platinum-and-fluoropyrimidinebased-chemotherapy-for-untreated-advanced-oesophageal-and-gastrooesophageal-junction-cancer-pdf-82611259544005	Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy is recommended, within its marketing authorisation, as an option for untreated locally advanced unresectable or metastatic carcinoma of the oesophagus or HER2-negative gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a combined positive score (CPS) of 10 or more. Pembrolizumab is only recommended if the company provides it according to the commercial arrangement. The list price is £2,630 for a 100-mg vial (excluding VAT; BNF online accessed July 2021)Clinical trial evidence shows that for people whose tumours express PD-L1 with a

					CPS of 10 or more, adding pembrolizumab increases how long they live. It also increases the time before their disease gets worse. Pembrolizumab meets NICE's criteria to be considered a life-extending treatment at the end of life. The cost-effectiveness estimates are likely to be within what NICE considers an acceptable use of NHS resources. Therefore, it is recommended.
secukinumab	Cosentyx	Treatment moderate to severe plaque psoriasis in children and young people	Technology appraisal guidance [TA734] 07.10.2021	https://www.nice.org.uk/guidance/ta734/resources/secukinumab-for-treating-moderate-to-severe-plaque-psoriasis-in-children-and-young-people-pdf-82611254505157	Secukinumab is recommended as an option for treating plaque psoriasis in children and young people aged 6 to 17 years, only if: 1)the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and 2)the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and 3) the company provides the drug according to the commercial arrangement. The list price of secukinumab is £609.39 for a 150 mg/ml prefilled syringe (excluding VAT; BNF online, accessed August 2021). Secukinumab is a possible alternative to other biological treatments (adalimumab, etanercept and ustekinumab) already recommended by NICE for treating severe plaque psoriasis in children and young people. Evidence from clinical trials shows that secukinumab is more effective than etanercept. Evidence from an indirect comparison suggests that it is similarly effective to ustekinumab. How its effectiveness compares with that of adalimumab is uncertain because of a lack of evidence, but adalimumab is thought to be similarly effective to ustekinumab.Comparing the costs of secukinumab with those of adalimumab, etanercept and ustekinumab is appropriate because they work in a similar way and are all options for plaque psoriasis. The costs of secukinumab are similar to or lower than those of adalimumab, etanercept and ustekinumab. Therefore, secukinumab is recommended.

tofacitinib	Xeljanz	for treatment juvenile idiopathic arthritis	Technology appraisal guidance [TA735] 20.10.2021	https://www.nice.org.uk/guidance/ta735/resources/tofacitinib-for-treating-juvenile-idiopathic-arthritis-pdf-82611256184773	Tofacitinib is recommended as an option for treating active polyarticular juvenile idiopathic arthritis (JIA; rheumatoid factor positive or negative polyarthritis and extended oligoarthritis), and juvenile psoriatic arthritis in people 2 years and older. This is if their condition has responded inadequately to previous treatment with disease-modifying antirheumatic drugs (DMARDs), and only if: • a tumour necrosis factor (TNF)-alpha inhibitor is not suitable or does not control the condition well enough, and • the company provides tofacitinib according to the commercial arrangement. The list price of a 56-tablet pack of 5 mg tofacitinib is £690.03 (excluding VAT; BNF online accessed August 2021) Clinical trial evidence shows that tofacitinib is effective compared with placebo. There are no trials directly comparing tofacitinib with current treatments. But an indirect comparison suggests that tofacitinib has similar effects to adalimumab and tocilizumab. There is no evidence for tofacitinib compared with etanercept.

**Escluso dal report baloxavir marboxil perché il produttore non ha fornito a NICE le evidenze necessarie alla stesura di raccomandazioni*

Scottish Medicines Consortium

Generic name	Brand name	Indication	Type of document	Link	Advice	Evidences
bempedoic acid + ezetimibe **SMC2406**	Nustendi	in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: - in combination with a statin in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin in addition to ezetimibe, - alone in patients who are either statin-intolerant or for whom a statin is contraindicated, and are unable to reach LDL-C goals with ezetimibe alone - in patients already being treated with the combination of bempedoic acid and ezetimibe as separate tablets with or without statin	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6330/bempedoic-acid-ezetimibe-nustendi-abbreviated-final-sept-2021-for-website.pdf	following an abbreviated submission bempedoic acid / ezetimibe (Nustendi®) is accepted for restricted use within NHSScotland.	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.

cabotegravir **SMC2376**	Vocabria	In combination with rilpivirine prolonged-release injection, for the treatment of Human Immunodeficiency Virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen without present or past evidence of viral resistance to, and no prior virological failure with agents of the NNRTI and INI clas	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6331/cabotegravir-vocabria-final-sept-2021-for-website.pdf	following a full submission cabotegravir (Vocabria®) is accepted for use within NHSScotland	Cabotegravir 600mg prolonged release injection plus rilpivirine 900mg prolonged-release injection every 2-months was non-inferior to cabotegravir 400mg plus rilpivirine 600mg every month in terms of the proportion of patients losing virological suppression in a phase III study. Cabotegravir 400mg prolonged release injection plus rilpivirine 600mg prolongedrelease injection was non-inferior to oral antiretroviral therapy In 1st year the cost of cabotegravir (600mg by intramuscular injection every 2 months) is 10,905£. In subsequent years the cost of cabotegravir (600mg by intramuscular injection every 2 months) is 10,905£. The cost per year of rilpivirine 900mg by intramuscular injection every 2 months is 2,884£.
cabozantinib **SMC2386**	Cabometyx	in combination with nivolumab for the first-line treatment of advanced renal cell carcinoma in adults	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6332/cabozantinib-cabometyx-abbreviated-final-sept-2021-for-website.pdf	following an abbreviated submission cabozantinib (Cabometyx®) is accepted for use within NHSScotland	
chloroprocaine **SMC2373**	Ampres	Spinal anaesthesia in adults where the planned surgical procedure should not exceed 40 minutes.	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6333/chloroprocaine-hydrochloride-ampres-final-sept-2021-for-website.pdf	following a resubmission chloroprocaine hydrochloride (Ampres®) is accepted for restricted use for use within NHSScotland	In a small, single-centre, randomised, double blind study in patients undergoing knee arthroscopy, spinal anaesthesia with chloroprocaine injection compared with a hyperbaric formulation of an amide-type local anaesthetic agent was associated with a faster motor block recovery. Cost per treatment, of a dose regimen of chloroprocaine hydrochloride 10mg/mL, is 9£

empagliflozin **SMC2396**	Jardiance	in adults for the treatment of symptomatic chronic heart failure with reduced ejection fraction.	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6334/empagliflozin-jardiance-abbreviated-final-sept-2021-for-website.pdf	following an abbreviated submission empagliflozin (Jardiance®) is accepted for use within NHSScotland	
liraglutide **SMC2378**	Saxenda	as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of: • ≥30kg/m² (obese), or • ≥27kg/m² to <30kg/m² (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (prediabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6360/liraglutide-saxenda-final-sept-2021-amended-081021-for-website.pdf	following a full submission liraglutide (Saxenda®) is not recommended for use within NHSScotland	In a phase III study, liraglutide, as an adjunct to diet and exercise, was associated with significantly reduced body weight compared with placebo in patients with BMI ≥30kg/m2 or ≥27kg/m2 if they had dyslipidaemia or hypertension. Cost per year, of a dose regimen of liraglutide as follow: starting dose: 0.6mg subcutaneously once daily, increased to 3.0mg once daily in increments of 0.6mg with at least one week intervals. Maintenance dose: 3mg once daily. Year 1 cost: £2,289 Maintenance year cost: £2,381

midazolam **SMC2392**	Ozalin	in children from 6 months to 17 years old, for moderate sedation before a therapeutic or diagnostic procedure or as premedication before anaesthesia	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6337/midazolam-ozalin-abbreviated-final-sept-2021-for-website.pdf	following an abbreviated submission midazolam oral solution (Ozalin®) is accepted for use within NHSScotland.	
olaparib **SMC2366**	Lynparza	as monotherapy for the treatment of adult patients with metastatic castration-resistant prostate cancer and BRCA1/2-mutations (germline and/orsomatic) who have progressed following prior therapy that included a new hormonal agent.	Medicine advice 11.10.2021	https://www.scottishmedicines.org.uk/media/6338/olaparib-lynparza-final-september-2021-for-website.pdf	following a full submission assessed under the end of life and orphan equivalent medicine process olaparib (Lynparza®) is accepted for use within NHSScotland	In a phase III study in men with metastatic castration-resistant prostate cancer who had disease progression while receiving a new hormonal agent and had a BRCA1, BRCA2 or ATM mutation, olaparib was superior to treatment with a new hormonal agent measured by progression free survival. the cost per year, with a dose regimen of 300mg orally twice daily of olaparib, is 60,255 £

**Esclusi dal report perché il produttore non ha richiesto la sottomissione a SMC avapritinib , Isatuximab, vericiguat*