Utilisation and expenditure on sacubitril/valsartan (Entresto®) over a five-year period under a reimbursement application system in Ireland

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OBJECTIVE

Sacubitril/valsartan (Entresto®) has been reimbursed in Ireland since December 2017, for the treatment of symptomatic chronic heart failure with reduced ejection fraction (HF-rEF). It was reimbursed subject to a reimbursement application system (RAS) which requires individual applications for reimbursement approval, which is only supported in patients who meet specific clinical criteria including:

- Left ventricular ejection fraction of ≤ 35%
- Symptomatic with New York Heart Association class II to IV symptoms
- Receiving optimal medical therapy for heart failure
- Systolic blood pressure ≥ 100 mmHg.

This study provides an overview of utilisation and expenditure on Entresto® in Ireland, and examines the ability of the RAS to contain expenditure in line with projections.

METHODS

Data pertaining to individual reimbursement applications was extracted from the online RAS. Utilisation and expenditure data were extracted from the national pharmacy claims database, and analysed in R studio. Total annual expenditure was calculated and compared with projections in the health technology assessment (HTA) report. The study time frame was 1 December 2017 to 30 November 2022 inclusive, aligned with the budget impact projections in the HTA report.

RESULTS

The number of applications for reimbursement received annually has been consistent, with 1,923 applications received in year 1 (2017/2018), and 2,001 applications received in year 5 (2021/2022). The number of patients treated annually with Entresto® has increased from 1,186 in November 2018 (end year 1) to 5,519 in November 2022 (end year 5) (Figure 1). The annual expenditure (exclusive of commercial rebates) on Entresto® by the public health service increased from €1,537,383 in year 1, to €8,774,908 in year 5. The cumulative expenditure across the five year period was €25,386,126, compared to projections of up to €50 million in the HTA report.

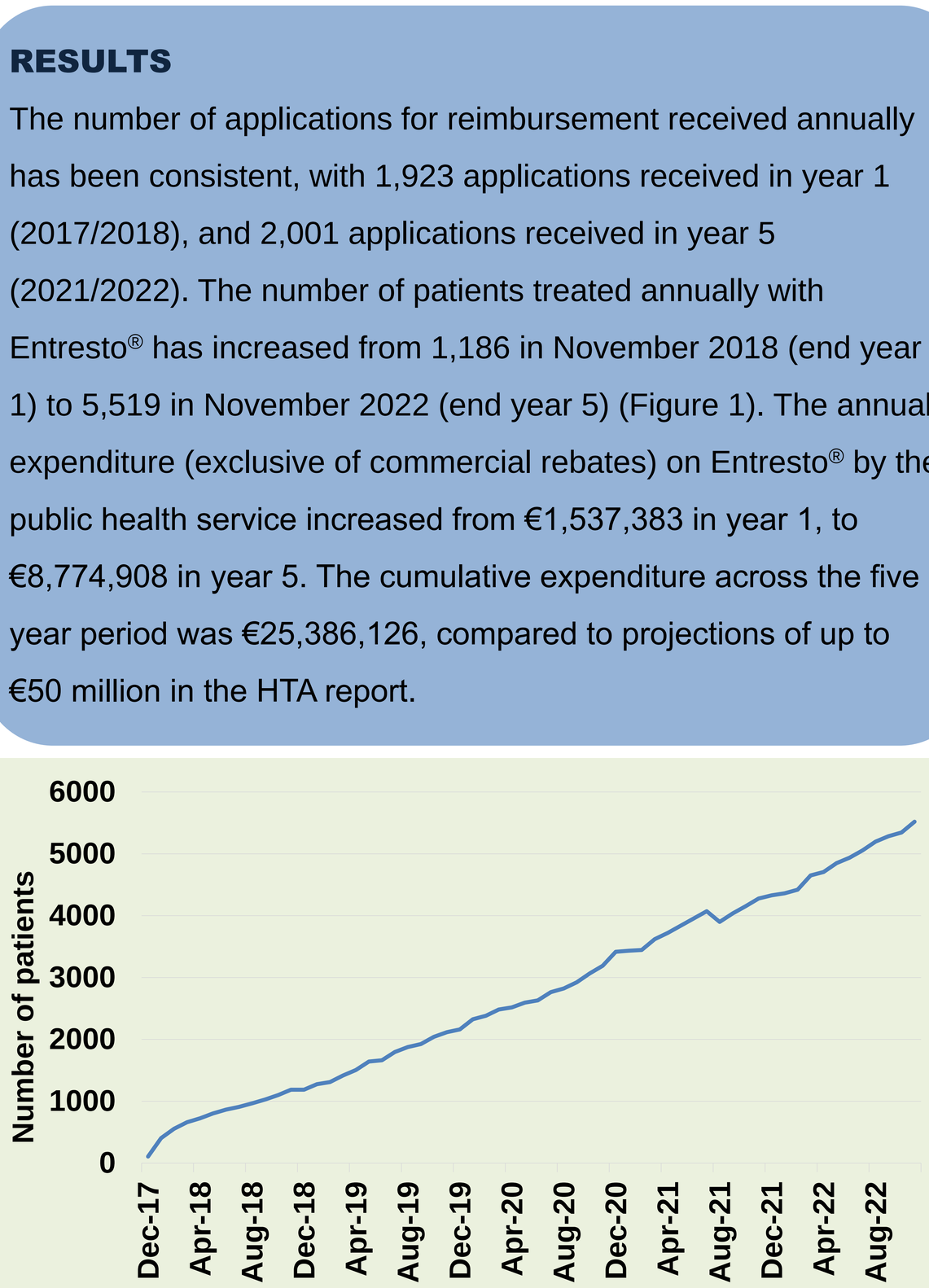

Figure 1: Number of patients in receipt of sacubitril/valsartan (Entresto®) per month, under the Community Drug Schemes

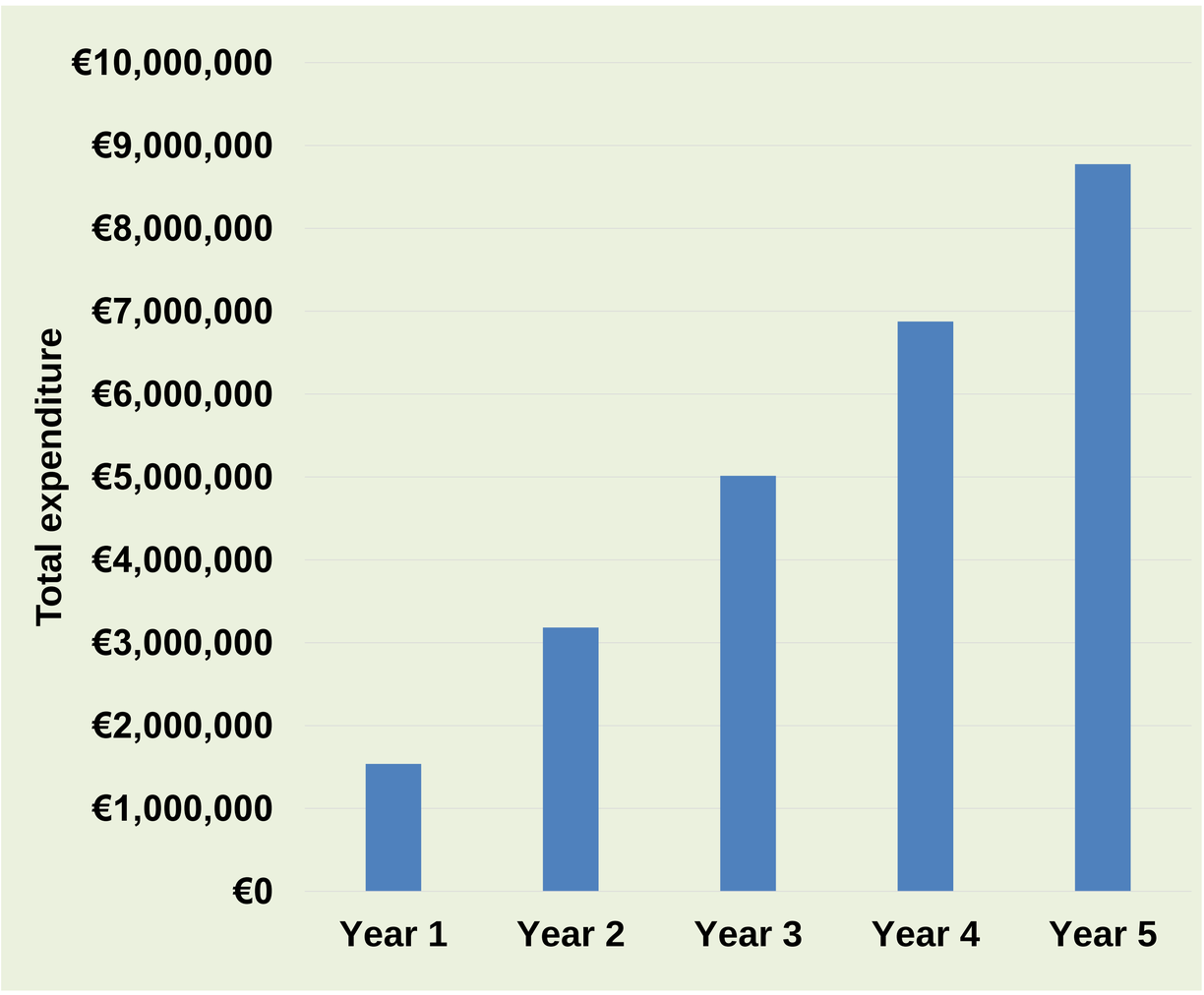

Figure 2: Annual expenditure by the public health service on sacubitril/valsartan (Entresto®)

CONCLUSION

The RAS for Entresto® has enabled patient access to a high-cost medicine for the management of a common condition, HR-rEF, while containing expenditure within projections.

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