

Zorginstituut Nederland

Sustainable funding and fair pricing for orphan drugs. What are the solutions? – the Dutch approach

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History of orphan drug availability in NL (inpatient drugs)					
-2006 : earmarked open-ended budget (subsidy scheme MoH)					
2006-2012 : policy rules (reimbursement in return for observational studies of 4 years followed by reassessment (eg Pompe & Fabry))					
2013- now : automatic influx in system for inpatient orphans; selection of drugs assessed					





- Special arrangements
- Indication committee
- Start & stop criteria

## 遨

## Assessment of orphan drugs

- Often only one drug available for indication, comparator best supportive care
- · Limited evidence available, eg
  - Number of patients
  - Short follow-up period, surrogate endpoints
  - Heterogeneous effect
  - Single arm trials or phase 2 studies
- Cost-effectiveness models
  - Uncertainty
  - · Effectiveness: extrapolation and endpoints
  - High costs of drugs



## 遨

## Appraisal: ICER and other criteria

- Reference value not only criterion, also other criteria considered
- Mitigating circumstances by high ICER
  - Strong effects
  - Treating wisely initiatives
- Aggravating circumstances by high ICER
  - Refusal MAH to explain pricing
- Displacement arguments vs serious orphan disease
- Advise to MoH to negotiate with MAH (No, unless...)

Products with reference value €80.000/QALY	ICER (€/QALY)	Chance (%) Cost- effective	Budget impact in million €	Costs in € per patient per year
trastuzumab Herceptin® breast	15,000	100	28	24,000
nivolumab Opdivo® lung	134,000	3	46 - 203	46,000
pertuzumab Perjeta® breast	149,000	2	39.5	78,500
iva- & lumacaftor Orkambi® Cystic fibrosis	400,000	0	84 (- 125)	170,000
agalsidase α, β o.a. Fabrazyme® Fabry	3,300,000	-	15	195,000
alglucosidase a Myozyme® Pompe	300,000- 900,000	-	44	700,000
eculizumab Soliris® PNH	>480,000	0	25	360,000
everolimus Afinitor® breast	~60,000	67	20 - 57	60,000
pemetrexed Alimta® Iung	92,000 - 116,000	20 - 40	24	11,000