Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50, Án Bóthar Thuaidh, Fionnghlas, Baile Átha Cliath 11, D11 XKF3
Guthán: 01 8647100

Primary Care Reimbursement Service
Exit 5, M50, North Road, Finglas, Dublin 11, D11 XKF3
Tel: 01- 8647100

Pádraig O'Sullivan, T.D.
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

12th August 2024

PQ: 32236/24

To ask the Minister for Health the number of patients that could have benefitted from access to ravulizumab if positive reimbursement recommendations had been issued by the HSE for the treatment of paroxysmal nocturnal haemoglobinuria and atypical haemolytic uremic syndrome for these respective patient populations in 2021, 2022 and 2023, in tabular form; and if he will make a statement on the matter. -Pádraig O'Sullivan

Dear Deputy O'Sullivan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question (Reference 32236/24), which you submitted to the Minister for Health for response.

The HSE is committed to providing access to as many medicines as possible, in as timely a fashion as possible, from the resources available (provided) to it.

The HSE robustly assesses applications for pricing and reimbursement to make sure that it can stretch available resources as far as possible and to deliver the best value in relation to each medicine and ultimately more medicines to Irish citizens and patients.

HSE decisions on which medicines are reimbursed by the taxpayer are made on objective, scientific and economic grounds.

There are formal processes which govern applications for the pricing and reimbursement of medicines, and new uses of existing medicines, to be funded and / or reimbursed.

The HSE considers the following criteria prior to making any decision on pricing / reimbursement, in line with the Health (Pricing and Supply of Medical Goods) Act 2013:
(1) The health needs of the public,
(2) The cost effectiveness of meeting health needs by supplying the item concerned rather than providing other health services,
(3) The availability and suitability of items for supply or reimbursement,

(4) The proposed costs, benefits, and risks of the item or listed item relative to therapeutically similar items or listed items provided in other health service settings and the level of certainty in relation to the evidence of those costs, benefits and risks,
(5) The potential or actual budget impact of the item or listed item,
(6) The clinical need for the item or listed item,
(7) The appropriate level of clinical supervision required in relation to the item to ensure patient safety,
(8) The efficacy (performance in trial), effectiveness (performance in real situations) and added therapeutic benefit against existing standards of treatment (how much better it treats a condition than existing therapies) and,
(9) The resources available to the HSE.

In terms of the specific details of the application for pricing and reimbursement of Ravulizumab (Ultomiris®):

Paroxysmal nocturnal haemoglobinuria (PNH)

- The HSE received an application for pricing and reimbursement of Ravulizumab (Ultomiris®) on the 29th November 2019 from Alexion (the applicant) for the treatment of paroxysmal nocturnal haemoglobinuria (PNH): in adult patients with haemolysis with clinical symptom(s) indicative of high disease activity or in adult patients who are clinically stable after having been treated with Eculizumab for at least the past 6 months.

- The first step in the process is the submission of a Rapid Review dossier (a clinical and economic dossier) to the National Centre for Pharmacoeconomics (NCPE) for assessment. The HSE commissioned the Rapid Review process on the 4th December 2019.

- The NCPE Rapid Review assessment report was received by the HSE on the 2nd March 2020. The NCPE advised the HSE that a full health technology assessment (HTA) was recommended to assess the clinical effectiveness and cost effectiveness of Ravulizumab (Ultomiris®) compared with the current standard of care on the basis of the proposed price relative to currently available therapies.

- The HSE commissioned a full Health Technology Assessment (HTA) on the 4th March 2020 as per agreed processes.

- The NCPE Health Technology Assessment Report was received by the HSE on the 30th May 2022. The NCPE recommended that Ravulizumab (Ultomiris®) be considered for reimbursement provided certain conditions are met. (https://www.ncpe.ie/ravulizumab-ultomiris-for-the-treatment-of-adult-patients-with-paroxysmal-nocturnal-haemoglobinuria-pnh-hta-id-19054/)

- The HSE Corporate Pharmaceutical Unit (CPU) is the interface between the HSE and the Pharmaceutical Industry in relation to medicine pricing and reimbursement applications.

- The Drugs Group is the national committee which the HSE has in place to make recommendations on the pricing and reimbursement of medicines. The membership of the HSE Drugs Group includes public interest members. The totality of clinical and economic evidence for Ravulizumab (Ultomiris®) was comprehensively and extensively reviewed by the Drugs Group at the December 2022 meeting. The Drugs

Group did not recommend in favour of reimbursement of Ravulizumab (Ultomiris®)https://www.hse.ie/eng/about/who/cpu/drugs-group-minutes/hse-drugs-group-minutes-december-2022.pdf . The Drugs Group considered the high degree of uncertainty in the associated cost-effectiveness (vs Eculizumab) due to the imminent availability of biosimilar Eculizumab and the commercial offer submitted by Alexion to be of insufficient magnitude to overcome this uncertainty. The Drugs Group in making its recommendation also considered the very high cost of treatment, very high opportunity costs (based on a market with biosimilars) and very high budget impact (based on a market with biosimilars). Based upon 25 patients treated for PNH, the NCPE-adjusted five-year cumulative gross drug budget impact is estimated to be €51 million with the five-year cumulative net drug budget impact estimated to be €530,944.

- The decision making authority in the HSE is the HSE Senior Leadership Team. The HSE Senior Leadership Team decides on the basis of all the demands it is faced with (across all services) whether it can fund a new medicine, or new use of an existing medicine, from the resources that have been provided to it in line with the Health (Pricing and Supply of Medical Goods) Act 2013. The HSE Senior Leadership Team supported the Drugs Group recommendation not to reimburse Ravulizumab (Ultomiris®) for the treatment of paroxysmal nocturnal haemoglobinuria (PNH): in adult patients with haemolysis with clinical symptom(s) indicative of high disease activity or in adult patients who are clinically stable after having been treated with Eculizumab for at least the past 6 months.

Atypical haemolytic uremic syndrome (aHUS)

- The HSE received an application for pricing and reimbursement of Ravulizumab (Ultomiris®) on the 23rd July 2020 from Alexion (the applicant) for the treatment of patients with a body weight of 10 kg or above with atypical haemolytic uremic syndrome (aHUS) who are complement inhibitor treatment-naïve or have received Eculizumab for at least 3 months and have evidence of response to Eculizumab.

- The first step in the process is the submission of a Rapid Review dossier (a clinical and economic dossier) to the National Centre for Pharmacoeconomics (NCPE) for assessment. The HSE commissioned the Rapid Review process on the 24th July 2020.

- The NCPE Rapid Review assessment report was received by the HSE on the 21st August 2020. The NCPE advised the HSE that a full health technology assessment (HTA) was recommended to assess the clinical effectiveness and cost effectiveness of Ravulizumab (Ultomiris®) compared with the current standard of care on the basis of the proposed price relative to currently available therapies.

- The HSE commissioned a full Health Technology Assessment (HTA) on the 27th August 2020 as per agreed processes.

- The NCPE Health Technology Assessment Report was received by the HSE on the 28th July 2022. The NCPE recommended that Ravulizumab (Ultomiris®) not be considered for reimbursement unless cost effectiveness can be improved relative to comparator treatments. https://www.ncpe.ie/ravulizumab-ultomiris-hta-id-20036/

- The HSE Corporate Pharmaceutical Unit (CPU) is the interface between the HSE and the Pharmaceutical Industry in relation to medicine pricing and reimbursement applications.

- The Drugs Group is the national committee which the HSE has in place to make recommendations on the pricing and reimbursement of medicines. The membership of the HSE Drugs Group includes public interest members. The HSE Drugs Group consider all of the evidence and make a recommendation to the HSE Senior Leadership Team. The totality of clinical and economic evidence for Ravulizumab (Ultomiris®) was comprehensively and extensively reviewed by the Drugs Group at the December 2022 meeting. The Drugs Group did not recommend in favour of reimbursement of Ravulizumab (Ultomiris®) https://www.hse.ie/eng/about/who/cpu/drugs-group-minutes/hse-drugs-group-minutes-december-2022.pdf . The Drugs Group considered the high degree of uncertainty in the associated cost-effectiveness (vs Eculizumab) due to the imminent availability of biosimilar Eculizumab and the commercial offer submitted by Alexion to be of insufficient magnitude to overcome this uncertainty. The Drugs Group in making its recommendation also considered the very high cost of treatment, very high opportunity costs (based on a market with biosimilars) and very high budget impact (based on a market with biosimilars). Based upon 13 patients treated for aHUS, the NCPE-adjusted five-year cumulative gross drug budget impact is estimated to be €33.69 million with the net drug budget impact estimated to be -€10.33 million. Depending on the discount associated with eculizumab biosimilars, the five-year cumulative net drug budget impact of ravulizumab could potentially range between €5.77 million (45% discount) and €16.51 million (75% discount).

- The decision making authority in the HSE is the HSE Senior Leadership Team. The HSE Senior Leadership Team decides on the basis of all the demands it is faced with (across all services) whether it can fund a new medicine, or new use of an existing medicine, from the resources that have been provided to it in line with the Health (Pricing and Supply of Medical Goods) Act 2013. The HSE Senior Leadership Team supported the Drugs Group recommendation not to reimburse Ravulizumab (Ultomiris®) for the treatment of patients with a body weight of 10 kg or above with atypical haemolytic uremic syndrome (aHUS) who are complement inhibitor treatment-naïve or have received Eculizumab for at least 3 months and have evidence of response to Eculizumab.

Both applications remain under consideration with the HSE. The HSE cannot make any comment on possible outcomes from the ongoing process.

Yours sincerely,

Suzanne Doyle
Primary Care Eligibility & Reimbursement Service