SUMMARY OF DECISIONS FROM THE SPANISH INTERMINISTERIAL MEDICINAL PRODUCTS PRICING COMMITTEE (CIPM)

SESSION 199 OF MARCH 4TH, 2020

June 26th, 2020

INFORMATIVE NOTE OF THE MEETING FROM THE SPANISH INTERMINISTERIAL MEDICINAL PRODUCTS PRINCING COMMITTEE

SESSION 199 OF MARCH 4th, 2019

For information purposes, this note summarises the **main agreements** established by the Spanish Interministerial Medicinal Products Pricing Committee (CIPM), a collegial body competent in setting the maximum industrial price, gathered on March 4th, 2020.

It is specified that these agreements are not definitive since, prior to the Resolution by the Directorate-General for Basic Portfolio of Services of the National Health System and Pharmacy, the process of allegations is disposed to the Resolution Project by the company, according to the administrative procedure.

The agreements taken in this Committee of March 2020 will not be effective until the corresponding final Resolution is issued by the Directorate-General for Basic Portfolio of Services of the National Health System and Pharmacy and the changes generated by these agreements are included in the corresponding billing Nomenclátor.

The agreements differ into two **blocks**: agreements with pricing and reimbursement (approvals) and rejected agreements.

Each block is divided into the following **sections**:

A. New medicinal products: This section includes the agreements related to the inclusion or non-inclusion in the pharmaceutical provision of the National Health System (NHS) of **medicines with new active ingredients or combinations (A.1) and other medicines (A.2)** (this subsection includes, for example, the first generics, first biosimilars and first copies, among others).

B. New indications: This section includes the agreements regarding the inclusion or non-inclusion in the pharmaceutical provision of the NHS of **new indications of medicines that are already included in the pharmaceutical provision of the NHS.**

C. Modifications to the pharmaceutical offering: This section includes the agreements related to alterations in the offer, i.e., to the **modification of reimbursement and price conditions** (price raises or reductions, conditions of prescription and dispensation, exclusion of the provision) of medicines included in the pharmaceutical provision of the NHS.

D. Allegations: This section includes the agreements related to the records (may be new drugs, new indications or alterations of the offer) that have obtained an agreement of acceptance or non-acceptance of the allegations presented by the medicine's laboratory holder object of record.

In the case that the medicines' laboratory holders included in sections A (new medicinal products), B (new indications) and C (modifications to the pharmaceutical offering) do not present allegations and

accept the draft resolution or submit the allegations and these are accepted, reimbursement resolution will be issued.

In the case that the medicines' laboratory holders included in sections A (new medicinal products), B (new indications) and C (modifications to the pharmaceutical offering) present allegations and these are not accepted, an express resolution of non- reimbursement will be issued.

It should be noted that in sections A (new medicinal products), B (new indications) and D (allegations) are included, both in the text of the agreement and in the table that is included in record, the reasons for reimbursement /non- reimbursement, these being those established in article 92 of Royal Legislative Decree 1/2015, of July 24, approving the revised text of the Law on guarantees and rational use of medicines and medical devices through (*Ley 29/2006, de 26 de julio, de garantías y uso racional de los medicamentos y productos sanitarios*) which medicinal products are financed:

Article 92

a) *Gravity, duration and sequelae of the different pathologies for which they are indicated.*
b) *Specific needs of certain groups.*
c) *Therapeutic and social value of the medicinal product and its incremental clinical benefit, taking into account its cost-effectiveness ratio.*
d) *Rationalisation of public spending for pharmaceutical provision and budget impact in the National Health System.*
e) *Existence of medicinal products or other therapeutic alternatives for the same conditions at a lower price or lower treatment cost.*
f) *Degree of innovation of the medicinal product.*

In section C (modifications to the pharmaceutical offering) the criteria for decision-making are those established in articles 93 and 96 of the aforementioned Law.

1. P&R APPROVALS

A. NEW MEDICINAL PRODCUTS

A.1. NEW MEDICINAL PRODUCTS

○ ONPATTRO®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
ALNYLAM PHARMACEUTICALS SPAIN, S.L.	**ONPATTRO 2MG/ML**	Concentrate for solution for infusion 1 vial of 5 ml	723756	8529.41	a) and c)

Active substance: Patisiran. ATC: N07XX12

Authorised therapeutic indication:

Onpattro is indicated for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy.

Prescription and dispensation conditions: Hospital use.

The Committee **agrees** to its financing under the following conditions:

- **Set the price** of the cited medicine, which is listed in the table above.
- **Annual revision of sales** and prices now set, to ensure that they are within the legally established parameters, and if not, proceed to their adaptation through the corresponding reduction.
- The follow-up and control of the expense caused will be carried out by means of the **SEGUIMED computer process** and/or any other available one. The laboratory will be obliged to register in this application and to communicate on a monthly basis the timely information regarding the sales made of the drug to the NHS.

○ TEGSEDI®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
AKCEA THERAPEUTIS SPAIN SL	**TEGSEDI 284 mg**	Solution for injection	726627	23243.61	a) and c)

Active substance: Inotersen ATC: N07XX15

Authorised therapeutic indication:

Tegsedi is indicated for the treatment of stage 1 or stage 2 polyneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR).

Prescription and dispensation conditions: Hospital use.

The Committee **agrees** to its financing under the following conditions:

- **Set the price** of the cited medicine, which is listed in the table above.
- **Annual revision of sales** and prices now set, to ensure that they are within the legally established parameters, and if not, proceed to their adaptation through the corresponding reduction.
- The follow-up and control of the expense caused will be carried out by means of the **SEGUIMED computer process** and/or any other available one. The laboratory will be obliged to register in this application and to communicate on a monthly basis the timely information regarding the sales made of the drug to the NHS.

A.2 OTHER MEDICINAL PRODUCTS

○ UROMITEXAN®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
BAXTER S.L	**UROMITEXAN 100 MG/ML SOLUTION FOR INJECTION AND PERFUSION**	5 bottles of 4 ml Solution for injection	724982	50	d)

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
BAXTER S.L	**UROMITEXAN 100 MG/ML SOLUTION FOR INJECTION AND PERFUSION**	10 bottles of 10 ml Solution for injection	724982	150	d)

Active substance: V03AF01 - Mesna

Therapeutic indication: Uromitexan is indicated for the prevention of urothelial toxicity including haemorrhagic cystitis, microhematuria, and macrohematuria in patients treated with oxazaphosphorins (ifosfamide, cyclophosphamide, trophosphamide) in doses considered urotoxic. Cystitis corrector in therapies with cytostatics.

Prescription and dispensation conditions: medical prescription. Hospital use.

Regarding this medicinal product, the Committee **agrees** to its financing under the following conditions:

- **Set the price** of the cited medicine, which is listed in the table above.

- **Annual revision of sales** and prices now set, to ensure that they are within the legally established parameters, and if not, proceed to their adaptation through the corresponding reduction.

○ AZACITIDINA®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
ACCORD HEALTHCARE, SLU	**AZACITIDINA ACCORPHARMA 25 MG/ML EFG**	1 vial powder for suspension for injection.	729636	166.42	d)

Active substance: L01B07 – Azacitidine

Therapeutic indication: Azacitidine Accordpharma is indicated for the treatment of adult patients who are not eligible for haematopoietic stem cell transplantation (HSCT) with:

- Intermediate-2 and high-risk myelodysplastic syndromes (MDS) according to the International Prognostic Scoring System (IPSS),
- chronic myelomonocytic leukaemia (CMML) with 10-29 % marrow blasts without myeloproliferative disorder,

- acute myeloid leukaemia (AML) with 20-30 % blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) classification,
- AML with >30% marrow blasts according to the WHO classification.

Prescription and dispensation conditions: medical prescription. Hospital use

Regarding this medicinal product, the Committee **agrees** to its financing under the following conditions:

- **Set the price** of the cited medicine, which is listed in the table above.

A) NEW INDICATIONS

○ HEMLIBRA®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
ROCHE FARMA, S.A.	**HEMLIBRA 30 MG/ML**	1 vial of 1 ml (solution for injection)	721169	2486.00	a) and c)
ROCHE FARMA, S.A.	**HEMLIBRA 150 MG/ML**	1 vial of 0.4 ml (solution for injection)	721170	4971.00	a) and c)
ROCHE FARMA, S.A.	**HEMLIBRA 150 MG/ML**	1 vial of 0.7 ml (solution for injection)	721171	8700.00	a) and c)
ROCHE FARMA, S.A.	**HEMLIBRA 150 MG/ML**	1 vial of 1 ml (solution for injection)	721172	12429.00	a) and c)

Active substance: B02BX emicizumab

Authorised therapeutic indication: Hemlibra is indicated for routine prophylaxis of bleeding episodes in patients with:

- Haemophilia A (congenital factor VIII deficiency) withs factor VIII inhibitors.
- Severe haemophilia A (congenital factor VIII deficiency, FVIII < 1%) without factor VIII inhibitors.

Hemlibra can be used in all age groups

Financed therapeutic indication: routine prophylaxis of bleeding episodes in patients with haemophilia A with factor VIII inhibitors.

Prescription and dispensation conditions: medical prescription. Hospital Diagnosis.

Indications reason for the record: routine prophylaxis of bleeding episodes in patients with severe haemophilia A (congenital factor VIII deficiency, FVIII < 1%) without factor VIII inhibitors.

Regarding this medicinal product, the Committee **agrees** to the financing of the new indications under the following conditions:

- Establishment for this medicine of **special dispensation conditions** within the scope of the National Health System, consistent with limiting its dispensation, without the need for a visa, to patients not hospitalised in the Pharmacy Services of Hospitals.

- **Annual revision of sales** and prices now set, to ensure that they are within the legally established parameters, and if not, proceed to their adaptation through the corresponding reduction.

- The monitoring and control of the expenditure caused will be made through the **SEGUIMED computing process** and/or any other platform available. The laboratory will be obliged to register in said application and to communicate on a monthly basis the opportune information regarding the sales of the medicinal product to the NHS.

B) MODIFICATIONS TO THE PHARMACEUTICAL OFFERING

○ ATARAX®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	ACTUAL PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REVIEW
UCB PHARMA S.A.	**ATARAX 2MG/ML syrup**	Bottle of 150 ml	663025	1.0	1.23	Article 96.2

Active substance: N05BB01 hydroxyzine

Therapeutic indication:

- Symptomatic treatment of anxiety in adults.
- Symptomatic treatment of pruritus and urticaria.
- Premedication before anaesthesia in adults and children (older than 30 months).

Prescription and dispensation conditions: medical prescription.

Regarding this medicinal product, the Committee **agrees:**

- **Modify the price** of the cited medicinal product in the terms that appears related in the previous table. Motivated by the change in the economic, technical and sanitary circumstances and the existence of alternatives with a higher cost.

○ TIOBARBITAL®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	ACTUAL PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REVIEW
B. BRAUN MEDICAL S.A.	**TIOBARBITAL BRAUN 1 GRAM**	50 vials	635581	66.60	80.00	Article 96.2
B. BRAUN MEDICAL S.A.	**TIOBARBITAL BRAUN 0.5 GRAMS**	50 vials	635573	52.20	65.25	Article 96.2

Active substance: N01AF03 sodium thiopental

Therapeutic indication: Induction and maintenance of anaesthesia in short interventions. Epileptic status Control of convulsive status.

Prescription and dispensation conditions: medical prescription. Hospital use.

Regarding this medicinal product, the Committee **agrees:**

- **Modify the price** of the cited medicinal product in the terms that appears related in the previous table. Motivated by the change in the economic, technical and sanitary circumstances from the moment when the current price was set, the therapeutic value of this classic medicine and the existence of alternatives with a higher cost.

○ DENVAR®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	ACTUAL PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REVIEW
MERCK, S.L.	**DENVAR 100MG/5ML**	50 ml granules bottle for oral suspension	803494	2.11	3.19	Article 96.2
MERCK, S.L.	**DENVAR 100MG/5ML**	100 ml granules bottle for oral suspension	653405	4.21	6.39	Article 96.2

Active substance: J01DD08 cefixime

Therapeutic indication: Denvar is indicated for the treatment of the following infections caused by susceptible microorganisms:

- Upper respiratory tract infections: pharyngitis and tonsillitis caused by *Streptococcus pyogenes.*

- Lower respiratory tract infections: Acute bronchitis, flare-up episodes of chronic bronchitis and pneumonia, caused by *Streptococcus pneumoniae* and *Haemophilus influenzae.*
- ENT infections: Otitis media caused by *Haemophilus influenzae*, *Branhamella (Moraxella) catarrhalis, Streptococcus pyogenes* and *Streptococcus pneumoniae*.

- Uncomplicated urinary tract infections caused by *Escherichia coli* and *Proteus mirabilis*.

Official recommendations on the proper use of antibacterial agents must be considered.

Prescription and dispensation conditions: medical prescription.

Regarding this medicinal product, the Committee **agrees:**

- **Modify the price** of the cited medicinal product in the terms that appears related in the previous table. Motivated by the change in the economic, technical and sanitary circumstances from the moment when the current price was set, the therapeutic value of this medicine and the need of having antibiotics in an adequate formulation for paediatric use.

○ FIBRAGUAR®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	ACTUAL PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REVIEW
FARDI SA	**FIBRAGUAR**	30 sachets	700515	3.83	3.98	Article 96.2
FARDI SA.	**FIBRAGUAR**	60 sachets	700516	6.73	6.99	Article 96.2

Active substance: A10BX01: guar gum

Therapeutic indication: Coadjuvant in type 2 diabetes mellitus with diet, insulin or oral antidiabetics.

Prescription and dispensation conditions: medical prescription.

Regarding this medicinal product, the Committee **agrees:**

- **Modify the price** of the cited medicinal product in the terms that appears related in the previous table motivated by the change in the economic, technical and sanitary circumstances.

○ SUERORAL CASEN®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	ACTUAL PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REVIEW
CASEN RECORDATI	**SUERORAL CASE**	5 sachets powder for oral solution	700672	2.4	2.48	Article 96.2

Active substance: A07CA91 glucose; potassium chloride; sodium chloride; trisodium citrate.

Therapeutic indication: Sueroral Casen powder for solution is indicated for electrolytes and fluids oral replacement in patients with dehydration particularly associated with acute diarrhoea from diverse origins.

Prescription and dispensation conditions: without medical prescription.

Regarding this medicinal product, the Committee **agrees:**

- **Modify the price** of the cited medicinal product in the terms that appears related in the previous table motivated by the change in the economic, technical and sanitary circumstances and the therapeutic value of this classic medicine.

○ SUERORAL HIPOSODICO

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CURRENT PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
CASEN RECORDATI	**SUERORAL HIPOSODICO,**	5 powder sachets. Solution for infusion	700673	1,99€	2,05	Article 96.2

Active substance: A07CA91 – Trisodium citrate, anhydrous glucose, potassium chloride, sodium chloride

Therapeutic indication: Treatment of:

- Prevention and treatment of watery diarrhoea of various aetiologies including gastro-enteritis.
- Infant and summer diarrhoea
- Acidosis and ketosis

Prescription and dispensation conditions: Not medical prescription.

Regarding this **medicinal product, the Committee agrees** to:

- **Modify the price** of the cited medicine, which is listed in the table above. The modification is based on the change of economic, technical and sanitary circumstances and the therapeutic value of this classic medicine.

○ DIGOXINA

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CURRENT PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
KERN PHARMA SL	**DIGOXINA KERN PHARMA 0,25mg/ml**	5 ampules of 2 ml solution	777177	1,56	1,95	Article 96.2

Active substance: C01A005 – Digoxin

Therapeutic indication: Treatment of:

- Cardiac failure: Digoxin is indicated in the management of chronic cardiac failure where the dominant problem is systolic dysfunction. The therapeutic benefit of digoxin is greater in patients with ventricular dilatation.
- Digoxin is specifically indicated where cardiac failure is accompanied by atrial fibrillation.
- Supraventricular arrythmias: Digoxin is indicated in the management of certain supraventricular arrythmias, particularly chronic atrial fibrillation and flutter, where its major beneficial effect is to reduce the ventricular rate.

Prescription and dispensation conditions: Medical prescription.

Regarding this **medicinal product, the Committee agrees** to:

- **Modify the price** of the cited medicine, which is listed in the table above. The modification is based on the change of economic, technical and sanitary circumstances and the medicine's therapeutic value.

○ GAMMA ANTITETANOS GRIFOLS

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CURRENT PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
Grifols Institute S.A.	**GAMMA ANTI-TETANOS GRIFOLS 500 U.I.**	Solution for injection. 1 pre-filled syringes of 2 ml	663242	14,49	18,11	Article 96.2
Grifols Institute S.A.	**GAMMA ANTI-TETANOS GRIFOLS 500 U.I.**	Solution for injection. 1 pre-filled syringes of 1 ml	663241	8,07	10,09	Article 96.2

Active substance: J06BB02 – Human Tetanus Immunoglobulin

Therapeutic indication: Treatment of:

- Post-exposure prophylaxis:

Immediate prophylaxis after tetanus prone injuries in patients not adequately vaccinated, in patients whose immunisation status is not known with certainty, and in patients with severe deficiency in antibody production.

- Therapy of clinically manifest tetanus.

  Active tetanus vaccination should always be administered in conjunction with tetanus immunoglobulin unless there are contraindications or confirmation of adequate vaccination.

Prescription and dispensation conditions: medical prescription.

Regarding this **medicinal product, the Committee agrees** to:

- **Modify the price** of the cited medicine, which is listed in the table above. The modification is based on the nature of the medicinal product, the high production plasma cost, the medicine's therapeutic value and the lack of alternatives for the same indication.

○ URBASON

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CURRENT PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
SANOFI AVENTIS	**URBASON, 4 mg tablets**	30 tablets	842500	1,91	2,29	Article 96.2
SANOFI AVENTIS	**URBASON, 40 mg tablets**	20 tablets	893586	11,12	12,23	Article 96.2

Active substance: H02AB04– methylprednisolone

Therapeutic indication: Replacement treatment of adrenal insufficiency, to replenish endogenous hormones

Methylprednisolone is indicated for the following conditions: severe persistent asthma, chronic obstructive pulmonary disease exacerbations, sarcoidosis, drug hypersensitivity and other severe allergic reactions, rheumatic disorders such as rheumatoid arthritis, ankylosing spondylitis or acute gout, vasculitis, systemic lupus erythematosus, polymyositis and dermatomyositis, ulcerative colitis, Chrohn's disease, liver diseases such as chronic active autoimmune hepatitis, nephrotic syndrome, adrenogenital syndrome, hematologic disorders such as acquired haemolytic anaemia and idiopathic thrombocytopenic purpura, ophthalmic diseases such as optic neuritis and skin-related disorders such as hives, severe eczema and pemphigus

Methylprednisolone action over immunity response is used for transplantation as part of the immunosuppressive therapy

Prescription and dispensation conditions: Medical prescription.

Regarding this **medicinal product, the Committee agrees** to:

- **Modify the price** of the cited medicine, which is listed in the table above. The modification is based on the change of economic, technical and sanitary circumstances and the medicine's therapeutic value.

○ EPINEFRINA AUTOINYECTORES®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CURRENT PRICE (€)	NEW PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
MYLAN PHARMACEUTICALS SL	**ALTELLUS 300 MCGR ADULTOS**	Solution for injection. 1 pre-filled pen of 2 ml	656714	22,94	26,96	Article 96.2
ALK-ABELLO SA	**JEXT 300 microgramos**	Solution for injection. 1 pre-filled pen of 0,3 ml	677268	8,0722,94	26,96	Article 96.2
ALK-ABELLO SA	**JEXT 300 microgramos**	Solution for injection. 2 pre-filled pens of 0,3 ml	706473	45,88	53,92	Article 96.2
BAUSCH AND LOMB SA	**EMERADE 500 MICROGRAMOS SOLUCION INYECTABLE**	Solution for injection. 1 pre-filled pen of 0,5 ml	707627	38,23	44,93	Article 96.2
BIOPROJECT PHARMA	**EMERADE 500 MICROGRAMOS**	Solution for injection. 2 pre-filled pens of 0,5 ml	723442	63,15	89,86	Article 96.2
BIOPROJECT PHARMA	**ANAPEN 0,30 mg/0,3 ml**	Solution for injection. 1 pre-filled pen of 0,3 ml	687625	22,94	26,96	Article 96.2

Active substance: C01CA24 – Epinephrine

Therapeutic indication:

Altellus adultos autoinjectors (adrenaline) is indicated in the emergency treatment of severe allergic reactions (anaphylaxis) to e.g. insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis.

Jext is indicated in the emergency treatment of acute severe allergic reactions (anaphylaxis) to e.g. insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis.

Emerade is indicated in the emergency treatment of acute severe allergic reactions (anaphylaxis) to e.g. insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis.

Anapen is indicated in the emergency treatment of severe allergic reactions (anaphylaxis) to e.g. insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis.

Prescription and dispensation conditions: medical prescription.

Regarding this **medicinal product, the Committee agrees** to:

- **Modify the price** of the cited medicine, which is listed in the table above and contains auto injectable epinephrine as active ingredient. The modification is based on the change of economic and sanitary circumstances, being attached to the reference price system and reiterative supply problems and the medicine's therapeutic value, indicated as an emergency treatment which its availability, in time and form, could potentially lead to the dead of patients who are not in sanitary environment. It is justified in order to guarantee the adequate supply of this essential active ingredient for the NHS in the specific presentation of this pharmaceutical form.
- The price set by the CIMP represents the industrial commercialization price (PLVcom), which, according to the reference price system's (SPR) current regulations, will be used for the calculation of the reference price. The reference price is the invoice price of the NHS for the SPR medicinal products. Therefore, the medicinal products cited will invoice to current reference prices until its modification with entry into force with the 2020 Reference Price Order publication.

○ LUTATHERA®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
ADVANCED ACCELERATOR APPLICATIONS IBERICA, S.L.U.	**LUTATHERA 370 MBQ/ML SOLUCION PARA PERFUSION**	1 vial of 25 ml	719521	20.000,00	Article 96.2

Active substance: V10XX04 – lutetium (177Lu) oxodotreotide

Therapeutic indication: Lutathera is indicated for the treatment of unresectable or metastatic, progressive, well differentiated (G1 and G2), somatostatin receptor positive gastroenteropancreatic neuroendocrine tumours (GEP-NETs) in adults.

Prescription and dispensation conditions: medical prescription. Hospital use.

Regarding this medicinal product, the Committee **agrees** to:

- **Annual revision of sales and prices now set**, to ensure that they are within the legally established parameters, and if not, proceed to their adaptation through the corresponding reduction.
- The monitoring and control of the expenditure caused will be made through the **SEGUIMED computing process** and/or any other platform available. The laboratory will be obliged to register in said application and to communicate on a monthly basis the opportune information regarding the sales of the medicinal product to the NHS.

D. ALLEGATIONS

The Committee agrees in relation to the following medicinal products:

○ EPINEPHRINE®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR THE REIMBURSEMENT
BIOPROJECT PHARMA	**ANAPEN 0,50 MG/0,3 ML**	1 pre-filled syringes	722200	44,93	c)

Active substance: C01CA24 – Epinephrine

Therapeutic indication: indicated in the emergency treatment of severe allergic reactions (anaphylaxis) to e.g. insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis.

Prescription and dispensation conditions: medical prescription.

Regarding this medicinal product, the Committee **agrees to**:

- **Set the price** of the cited medicine, which is listed in the table above. In accordance with the price review of similar medicinal products listed previously in the modifications to the pharmaceutical offering section.
- The price set by the CIMP represents the industrial commercialization price (PLVcom), which, according to the reference price system's (SPR) current regulations, will be used for the calculation of the reference price. The reference price is the invoice price of the NHS for the SPR medicinal products. Therefore, the medicinal products cited will invoice to current reference prices until its modification with entry into force with the 2020 Reference Price Order publication.

2. P&R REJECTIONS

A. NEW MEDICINAL PRODUCTS

The **non-inclusion** in the pharmaceutical provision of the NHS of the medicinal products is agreed:

○ UROMITEXAN

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
BAXTER S.L.	**UROMITEXAN 100 MG/ML Solution for injection or infusion**	5 ampoules of 10 ml solution for injection	724983	d)
BAXTER S.L.	**UROMITEXAN 100 MG/ML Solution for injection or infusion**	10 ampoules of 4 ml solution for injection	724984	d)

Active substance: V03AF01 - Mesna

Therapeutic indication: Uromitexan is indicated for the prevention of urothelial toxicity including haemorrhagic cystitis, microhaematuria and macrohaematuria in patients treated with ifosfamide and cyclophosphamide, in doses considered to be urotoxi.

Prescription and dispensation conditions: medical prescription. Hospital Use.

Regarding to this medicinal product, the Committee **agrees not to include** the medicine in the pharmaceutical benefit of the NHS, considering that the company has not requested financing for these two presentations, only for the presentations previously included in section 1(A) of price and financial agreements for new medicinal products.

○ KISPLYX®

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
EISAI FARMACEUTICA SA.	**KISPLYX 10 MG**	30 hard capsules	713491	c) and d)
EISAI FARMACEUTICA SA.	**KISPLYX 4 MG**	capsules	725066	c) and d)

Active substance: L01XE29- Lenvatinib mesilate

Therapeutic indication: Kisplyx is indicated in combination with everolimus for the treatment of adult patients with advanced renal cell carcinoma (RCC) following one prior vascular endothelial growth factor (VEGF)-targeted therapy.

Prescription and dispensation conditions: medical prescription. Hospital Diagnosis.

Regarding to this medicinal product, the Committee **agrees not to include** the medicinal product in the pharmaceutical benefit of the NHS, considering there are other drugs or other therapeutic alternatives with less uncertainty in the efficacy data, since the results obtained from phase III clinical trials with a greater number of patients, for the same condition, are available.

B. NEW INDICATIONS

○ CABOMETYX

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
IPSEN PHARMA SA	**CABOMETYX 20 MG**	30 film-coated tablets	713741	c) and d)
IPSEN PHARMA SA	**CABOMETYX 40 MG**	30 film-coated tablets	713742	c) and d)
IPSEN PHARMA SA	**CABOMETYX 60 MG**	30 film-coated tablets	713744	c) and d)

Active substance: L01XE26- cabozantinib

Authorized therapeutic indications:

- CABOMETYX is indicated for the treatment of advanced renal cell carcinoma (RCC) in adults following prior vascular endothelial growth factor (VEGF)-targeted therapy.
- CABOMETYX is indicated as monotherapy for the treatment of hepatocellular carcinoma (HCC) in adults who have previously been treated with sorafenib.
- CABOMETYX is indicated for the treatment of advanced renal cell carcinoma (RCC) - in treatment-naïve adults with intermediate or poor risk.

Reimbursed therapeutic indications

- CABOMETYX is indicated for the treatment of advanced renal cell carcinoma (RCC) in adults following prior vascular endothelial growth factor (VEGF)-targeted therapy.

Therapeutic indication applying for reimbursement:

- Cabozatinib (cabometyx®) is also approved for the treatment of advanced renal cell carcinoma (RCC) - in treatment-naïve adults with intermediate or poor risk.

Prescription and dispensation conditions: medical prescription. Hospital Diagnosis.

Regarding to this medicinal product, the Committee **agrees not to include** the medicinal product in the pharmaceutical benefit of the NHS, considering there are other drugs or other therapeutic alternatives with less uncertainty of efficacy data as results are available from phase III clinical trials with a larger number of patients, for the same condition.

In addition, the existence of drugs or other therapeutic alternatives for the same conditions at a lower price or treatment cost has been taken into account; the rationalization of public spending on pharmaceutical provision and the budget impact on the National Health System. The following are some of the criteria legally established for the selective and non-indiscriminate financing of medicines needed to continue ensuring sustainable pharmaceutical provision in the NHS, given the continued growth in pharmaceutical provision needs.

C. ALTERATIONS OF THE OFFER

○ KYMRIAH

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
NOVARTIS FARMACEUTICA S.A.	**KYMRIAH 1,2 x 10e6 - 6,0 x 10e8 cells dispersion for infusion**	1-3 infusion bags (1 dose for individual treatment)	72357	Article 96.2

Active substance: tisagenlecleucel

Therapeutic indication: Kymriah is indicated in the treatment of:

- Paediatric and young adult patients up to and including 25 years of age with B-cell acute lymphoblastic leukaemia (ALL) that is refractory, in relapse post-transplant or in second or later relapse
- Adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy.

Prescription and dispensation conditions: medical prescription. Hospital Use.

Regarding this medicinal product, the Committee does not amend the decision to finance the medicinal product under the terms requested by the company. It is considered that the various organizational measures implemented by the competent health authorities make it possible to ensure compliance with the resolution in the terms set out in its current wording.

○ URBASON

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
SANOFI AVENTIS.	**URBASON, 4 mg tablets**	10 tablets	842492	Article 96.2
SANOFI AVENTIS.	**URBASON, 16 mg tablets**	30 tablets	863167	Article 96.2

Active substance: H02AB04: Methylprednisolone

Therapeutic indication: Replacement treatment in adrenal insufficiency, to replace the lack of endogenous hormones.

At pharmacological doses, due to its anti-inflammatory and immunosuppressive action, methylprednisolone is indicated in the following diseases: severe persistent asthma, exacerbations of chronic obstructive pulmonary disease, sarcoidosis, hypersensitivity to drugs and other severe allergic reactions, rheumatic diseases such as rheumatoid arthritis, ankylosing spondylitis or acute gouty arthritis, vasculitis, systemic lupus erythematosus, polymyositis and dermatomyositis, ulcerative colitis, Crohn's disease, liver diseases such as chronic active hepatitis of autoimmune origin, nephrotic syndrome, adrenogenital syndrome, haematological diseases such as acquired haemolytic anaemia and idiopathic thrombocytopenic purpura, ocular inflammatory diseases such as optic neuritis and skin diseases such as hives, severe eczema and pemphigus.

Due to its action on the immune response it is used as part of the immunosuppressive treatment in transplants.

As an adjuvant in the treatment with cytostatic agents or radiotherapy.

Prescription and dispensation conditions: medical prescription

According to the legally established criteria, the Committee agrees not to modify the price of the medicine as no change in economic, technical or health circumstances has been found that would justify a price increase.

○ THIOBARBITAL

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
B. BRAUN MEDICAL S.A.	**THIOBARBITAL BRAUN 1 GRAMME**	1 vial	836056	Article 96.2

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
B. BRAUN MEDICAL S.A.	**THIOBARBITAL BRAUN 0,5 GRAMME**	1 vial	836049	Article 96.2

Active substance: N01AF03 thiopental sodium

Authorized therapeutic indications:

Induction and maintenance of anaesthesia in short interventions.

Epileptic status Control of convulsive states

Prescription and dispensation conditions: medical prescription. Hospital Use.

Regarding to this medicine, the Committee agrees not to revise upwards the price of this format since it is not commercially available (situation of low for not marketing).

○ DIGOXIN

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
KERN PHARMA SL	**LANACORDIN PEDIATRiC**	1 vial de 60 ml oral solution	700522	Article 96.2

Active substance: C01A005 Digoxin

Authorized therapeutic indications:

Cardiac failure:

Digoxin is indicated in the management of chronic cardiac failure where the dominant problem is systolic dysfunction. The therapeutic benefit of digoxin is greater in patients with ventricular dilatation.

Digoxin is specifically indicated where cardiac failure is accompanied by atrial fibrillation.

Supraventricular arrhythmias

Digoxin is indicated in the management of certain supraventricular arrhythmias, particularly chronic atrial fibrillation, and flutter, where its major beneficial effect is to reduce the ventricular rate

Prescription and dispensation conditions: medical prescription. TLD

Regarding this medicine, the Committee agrees:

- Not to change the price of the medicine, science is not demonstrated that there have been changes in the economic, technical or health circumstances or in the evaluation of the therapeutic utility since the current price was set.

D) STATEMENTS

○ IBUPROFENO LISINA

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
FARDI S.A.	**ALGIDRIN INFANTIL 200 mg**	Oral suspension powder 20 sachets	651474	92.c
FARDI S.A.	**ALGIDRIN PEDIATRICO 20 MG/ML**	Oral suspension 200ml	702772	92.c
FERRER INTERNACIONAL S. A	**DOLORAC PEDIATRICO 20 MG/ML**	Oral suspension 200ml	702784	92.c

Active substance: M01AE01 ibuprofen lysine

Authorized therapeutic indications:

Children's Algidrin 200 mg powder for oral suspension is indicated for children from 6 to 12 years old, over 20 kg body weight, for the symptomatic treatment of fever and pain of mild or moderate intensity such as headache, dental pain, post-operative pain, musculoskeletal pain. Treatment of children's rheumatoid arthritis and other acute or chronic rheumatic processes with pain and inflammation in children.

Pediatric Algidrin and Pediatric and Dolorac 20 mg/ml are indicated in children from 3 months of age: *for the symptomatic treatment of fever, *for the symptomatic treatment of pain of mild or moderate intensity, *for the treatment of juvenile rheumatoid arthritis.

Prescription and dispensation conditions: medical prescription

Regarding these medicinal products, the Committee, after consultation, proposes not to accept the allegations by reiterating that this is the only ibuprofen salt available in the whole of Reference Price Order C75 Paediatric Oral Ibuprofen.

○ EPINEPRHINE

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
BIOPROJECT PHARMA	**ANAPEN 0,50 MG/0,3 ML**	2 auto inyector	722201	e)

Active substance: C01CA24 – Epinephrine

Therapeutic indication:

Indicated for the emergency treatment of severe allergic reactions (anaphylaxis) caused by peanuts or other foods, medications, insect bites or stings and other allergens, as well as those caused by exercise or idiopathic anaphylaxis

Prescription and dispensation conditions: medical prescription

Regarding this medicinal product, the Committee agrees:

- Do not finance this format, the company does not ask for a price for this presentation of which there are financed alternatives