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

SESSION 206 OF NOVEMBER 12TH, 2020

November 26th, 2020

INFORMATIVE NOTE FROM THE SPANISH INTERMINISTERIAL MEDICINAL PRODUCTS PRINCING COMMITTEE MEETING

SESSION 206 OF NOVEMBER 12th, 2020

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 November 12th, 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 processing of allegations to the Project Resolution is at the disposition of the company, according to the administrative procedure.

The agreements taken in this Committee of September 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 Nomenclator.

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 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, a reimbursement resolution will be issued.

In 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 specific 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 24th, where 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*) is approved and by which medicinal products are financed:

Article 92

a) *Severity, 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 expenditure 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 above-mentioned Law.

1. P&R APPROVALS

A. NEW MEDICINAL PRODUCTS

A.1. NEW MEDICINAL PRODUCTS

○ CRYSVITA

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
KYOWA KIRIN FARMACEUTICA, SL	CRYSVITA 10 mg	1 vial of 1 ml for injectable solution	721350	3.348	a) and c)
KYOWA KIRIN FARMACEUTICA, SL	CRYSVITA 20 mg	1 vial of 1 ml for injectable solution	721351	6.696	a) and c)
KYOWA KIRIN FARMACEUTICA, SL	CRYSVITA 30 mg	1 vial of 1 ml for injectable solution	721352	10.044	a) and c)

Active substance: M05BX05- Burosumab

Therapeutic indication:

Indicated for the treatment of chromosome X-linked hypophosphatemia with radiographic signs of bone disease in children 1 year and older and adolescents with a growing skeleton.

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.
- **Propose financing** to the General Directorate, through a payment agreement for the results in the following conditions:
    1. **Clinical criteria** that patients must meet for its use
        - "In patients from one year of age and adolescents in a growth period with HLX.
        - Have already been treated with oral phosphate and active vitamin D for a minimum of 12 months in specialized referral centers.
        - Present radiographic evidence of bone disease and total RSS score ≥2.
        - Epiphyseal closure has not occurred.

The payment for results agreement will be reviewable after one year from the date of inclusion in the financing of the first presentations.

- **Maximum cost of annual treatment per patient.**
- **Payment of the difference in cost of patients in MSE.** Kyowa Kirin Laboratory undertakes to pay the difference between the current price in the access program in special situations and the agreed price.
- The determination of individual compliance with the payment conditions will be made through a **Monitoring Committee in each Autonomous Community** that will be established between the health administrations and the offering / supplier laboratory. This information will be transferred to the General Directorate of Common Portfolio of Services of the NHS and Pharmacy in order to determine the need for a price review.
- The General Directorate of Common Portfolio of Services of the NHS and Pharmacy will prepare a **pharmacoclinical protocol** that must be completed throughout the NHS, through VALTERMED, which contains both the criteria for starting, monitoring and discontinuing treatment as well as the variables to be recorded to determine the results of the use of this medicine in clinical practice.
- The annual review of sales and the prices now set, to ensure that they are within the legally established parameters, and if not, proceed with their adjustment through the corresponding reduction.
- The monitoring and control of the expense caused will be carried out through the SEGUIMED computer process and / or any other available. The laboratory will be obliged to register in the aforementioned application and to communicate on a monthly basis the appropriate information regarding the sales of the drug to the NHS.

○ RUCONEST

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
PHARMING	RUCONEST 2100 U	1 vial + 1 vial of 20 ml powder and solvent for injectable solution	723997	1.000	a) and c)

Active substance: B06AC04 conestat alfa

Therapeutic indication:

Ruconest is indicated for the treatment of acute angioedema attacks in adults and adolescents with hereditary angioedema (HAE) due to a C1 esterase inhibitor deficiency.

Prescription and dispensation conditions: Medical prescription.

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.
- 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.
- In addition, the price may be revised if sales exceed by more than 10 percent the sales figure declared by the laboratory and this has an upward impact on the pharmaceutical expenditure of the National Health System.

○ BUVIDAL

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
CAMURUS, AB	BUVIDAL 8 MG	1 pre-filled syringe of 0,16 ml injectable solution of prolonged release	725934	63,70	a) and c)
CAMURUS, AB	BUVIDAL 16 MG	1 pre-filled syringe of 0,32 ml injectable solution of prolonged release	725935	63,70	a) and c)
CAMURUS, AB	BUVIDAL 24 MG A	1 pre-filled syringe of 0,48 ml injectable solution of prolonged release	725936	63,70	a) and c)
CAMURUS, AB	BUVIDAL 32 MG	1 pre-filled syringe of 0,64 ml injectable solution of prolonged release	725938	63,70	a) and c)

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
CAMURUS, AB	BUVIDAL 64 MG	1 pre-filled syringe of 0,18 ml injectable solution of prolonged release	725939	273	a) and c)
CAMURUS, AB	BUVIDAL 96 MG	1 pre-filled syringe of 0,27 ml injectable solution of prolonged release	725940	273	a) and c)
CAMURUS, AB	BUVIDAL 128 MG	1 pre-filled syringe of 0,36 ml injectable solution of prolonged release	725941	273	a) and c)

Active substance: N07BC01 - Buprenorfina

Authorised therapeutic indication:

Treatment of opioid dependence, within the framework of medical, social and psychological treatment. Treatment is indicated in adults and adolescents 16 years of age and older.

Prescription and dispensation conditions: 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.
- Restrict its funding only to those patients currently on oral buprenorphine / naloxone treatment, who are not adequately stabilized or who have problems with adherence to treatment.
- Its dispensing within the scope of the NHS will be carried out by the hospital pharmacy services or in authorized healthcare centres, under what the competent authority in matters of pharmaceutical provision of each autonomous community, the autonomous cities of Ceuta and Melilla and the Mutual societies establish in the prevention and care programs for opioid dependence.

- The prescription of this drug is restricted to the medical professionals who are thus defined in the program for the prevention and care of opioid dependence in each autonomous community and autonomous city of Ceuta and Melilla and the Mutual Societies.

Other requirements agreed by the Commission:

- Automatic review of the agreed industrial price based on the evolution of real sales with respect to the forecast made by the company for the first and second year.
- The expense caused will be monitored and controlled through the SEGUIMED computer process and / or any other available. The laboratory will be obliged to register in the aforementioned application and to communicate on a monthly basis the appropriate information regarding the sales of the drug to the NHS, to ensure that they are within the legally established parameters, and otherwise, proceed to its adaptation through the reduction correspondent.

○ BAQSIMI

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
LILLY. SA.	BAQSIMI 3 MG	nasal poder 1 single dose container	727646	68	a) and c)

Active substance: H04AA01- Glucagon

Therapeutic indication:

Baqsimi is indicated for the treatment of severe hypoglycemia in adults, adolescents, and children 4 years of age and older with diabetes mellitus.

Prescription and dispensation conditions: Medical prescription.

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

- **Set the price** of the cited medicine, which is listed in the table above.
- **Establishment of special dispensation conditions,** restricting their dispensing with an inspection visa to:
    - Patients under 18 years of age on insulin treatment and at high risk of severe hypoglycaemia with loss of consciousness.

    For the purposes of visa authorization, previous episodes of loss of consciousness due to hypoglycemia will be taken into consideration.

A single container per patient will be prescribed, and a medical evaluation is necessary to prescribe the next container, in order to know the clinical situation of the patient in relation to severe hypoglycemia with loss of consciousness.

- **Establishment of an agreement to monitor consumption** and review the price for 2 years from the date of entry in the gazette, if it is estimated that there will be an exceedance of the annual containers provided by the company.

A.2 OTHER MEDICINAL PRODUCTS

○ OLIMEL

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
BAXTER SA	OLIMELN7Eep	4X2000ml	668674	270	a) and c)
BAXER SA	OLIMEL7Eep	4x1500ml	668672	210	a) and c)
BAXTER SA	OLIMELN9Eep	6x1000ml	668678	269	a) and c)
BAXTER SA	OLIMELN9Eep	4X1500ml	668679	269,73	a) and c)
BAXTER SA	OLIMELN9Eep	4X2000ml	668680	269	a) and c)
BAXTER SA	OLIMELN9ep	4X2000ml	685506	359,64	a) and c)
BAXTER SA	OLIMELN9ep	4X1500ml	685505	269,73	a) and c)
BAXTER SA	OLIMELN9ep	6X1000l	668682	269,73	a) and c)

Active substance: B05BA10-Serine, Glucosamonohydrate, Phenylaalanine, Tryptophan

Therapeutic indication:

Olimel is indicated for parenteral feeding of adults and children over 2 years of age when oral or enteral feeding is impossible, insufficient or contraindicated.

Prescription and dispensation conditions: Medical prescription. Hospital use.

Regarding this medicine, the Commission **proposes funding to the Directorate General** and **agrees**:

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

○ CLINDAMICINA ARISTO

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
ARISTO PHARMA IBERIA SL	CLINDAMICINA ARISTO 100 MG OVULOS	3 ovules OVULO	728606	6,64	d)

Active substance: G01AA10 - Clindamycin

Therapeutic indication:

Clindamycin is indicated for the treatment of bacterial vaginosis (initially called Haemophilus vaginitis, Gardnerella vaginitis, nonspecific vaginitis, Corynebacterium vaginitis, or anaerobic vaginosis).

Prescription and dispensation conditions: Medical prescription.

Regarding this medicine, the Commission **proposes funding to the Directorate General** and **agrees**:

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

○ FINGOLIMOD EFG

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
INTAS THIRD PARTY SALES 2005 S.L.	FINGOLIMOD EDEST 0,5 MG CAPSULAS DURAS EFG	28 hard capsules	728871	912	d)

Active substance: L04AA27 - Fingolimod

Therapeutic indication:

This medicinal product is indicated as a disease course modifying monotherapy treatment in highly active relapsing remitting multiple sclerosis for the following groups of adult patients and paediatric patients 10 years of age and older:

- Patients with very active disease despite a full and adequate course of treatment with at least one disease-modifying therapy (for exceptions and information on clearance (washout) periods,

or

- Patients with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling flare-ups in one year, and with 1 or more gadolinium-enhanced lesions on cranial MRI or a significant increase in lesion load on T2 compared to MRI previous recent.

Prescription and dispensation conditions: Medical prescription. Hospital use.

Regarding this medicine, the Commission **proposes funding to the Directorate General** and **agrees**:

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

○ CABAZITAXEL EFG

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
REDDY PHARMA IBERIA SA	CABAZITAXEL DR. REDDYS 60 MG EFG	1 vial + 1 vial of solvent concentrated for solution for infusion	728883	2460	d)

Active substance: L01CD04 - Cabazitaxel

Therapeutic indication:

Cabazitaxel Dr. Reddys in combination with prednisone or prednisolone is indicated for the treatment of adult patients with castration-resistant metastatic prostate cancer, previously treated with a therapeutic regimen containing docetaxel.

Prescription and dispensation conditions: Medical prescription. Hospital use.

Regarding this medicine, the Commission **proposes funding to the Directorate General** and **agrees**:

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

○ JIAX SEMANAL

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
LABORATORIOS GEBRO PHARMA SA	JIAX SEMANAL 2MG/ML	1 bottle of 35 ml oral solution	720397	15	a) and c)

Active substance: L04AX03 - Methotrexate

Authorized therapeutic indications:

Treatment of children over 3 years of age and adolescents with severe and active polyarthritic forms of juvenile idiopathic arthritis (JIA), when the response to non-steroidal anti-inflammatory drugs (NSAIDs) has not been adequate.

Prescription and dispensation conditions: Medical prescription. Reduced contribution.

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

- **Set the price** of the cited medicine, which is listed in the table above.
- **Automatic review of the agreed industrial price** based on the evolution of real sales with respect to the forecast made by the company.

C. MODIFICATIONS TO THE PHARMACEUTICAL OFFERING

○ CLOZAPINA

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
ADAMED LABORATORIOS SLU	NEMEA 25 mg EFG	40 tablets	670750	2.27	a) and c)
ADAMED LABORATORIOS SLU	NEMEA 100 mg EFG	40 tablets	670753	9.08	a) and c)
ADAMED LABORATORIOS SLU	NEMEA 200 MG	40 tablets	689838	18.16	a) and c)
ADAMED LABORATORIOS SLU	NEMEA 100 MG EFG	40 orodispersible tablets	725199	9.08	a) and c)
ADAMED LABORATORIOS SLU	NEMEA 200 MG	40 orodispersible tablets	725201	18.16	a) and c)
ADAMED LABORATORIOS SLU	NEMEA 25 MG EFG	40 orodispersible tablets	725202	2.27	a) and c)
MYLAN PHARMACEUTICALS SL	LEPONEX 100 mg	40 tablets	697422	9.08	a) and c)
MYLAN PHARMACEUTICALS SL	LEPONEX 100 mg	40 tablets	672360	9.08	a) and c)
MYLAN PHARMACEUTICALS SL	LEPONEX 25 mg	40 tablets	672378	2.27	a) and c)
MYLAN PHARMACEUTICALS SL	LEPONEX 25 mg	40 tablets	697423	2.27	a) and c)
AUROVITAS SPAIN SA	CLOZAPINA AUROVITAS 200 MG	40 tablets	724289	18.16	a) and c)
AUROVITAS SPAIN SA	CLOZAPINA AUROVITAS 100 MG EFG	40 tablets	724290	9.08	a) and c)

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	CRITERIA FOR FINANCING
FARMALIDER. SA	CLOZABRAIN 50 mg	40 tablets	654779	4.54	a) and c)
FARMALIDER. SA	CLOZABRAIN 50 mg	40 tablets	654781	4.54	a) and c)

Active substance: Clozapine

Therapeutic indication:

Treatment of resistant schizophrenia

Clozapine is indicated in treatment-resistant schizophrenic patients and in schizophrenic patients who present with severe neurological adverse reactions that are not treatable with other antipsychotic drugs, including atypical antipsychotics.

Resistance to treatment is defined as the absence of satisfactory clinical improvement despite having used at least two different antipsychotic treatments, including an atypical antipsychotic, at the appropriate doses and for the appropriate time.

Treatment in the course of Parkinson's disease

Clozapine is also indicated in psychotic disorders that appear in the course of Parkinson's disease, in cases where standard treatment has failed.

Prescription and dispensation conditions: Medical prescription.

With regard to this medicine, after consulting the Commission, it is agreed to:

- **Remove special dispensation conditions through an inspection visa, currently in force, without modifying the maximum industrial price** of the medicines mentioned in the terms listed in the table above.
- It is agreed to request from the Spanish Agency for Medicines and Health Products information on the evolution of the incidence of adverse reactions to medicines notified to the Spanish Pharmacovigilance System of medicines for Human use (SEFV-H) to clozapine.

○ SIRDALUD

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	NEW PRICE (€)	CRITERIA FOR REVISION
BEXAL FARMACEUTIC A SA.	SIRDALUD 2 mg	30 tablets	989137	2	2,36	Article 96.2

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	PRICE (€)	NEW PRICE (€)	CRITERIA FOR REVISION
BEXAL FARMACEUTIC A SA	SIRDALUD 4 mg	30 tablets	989145	3,2	3,77	Article 96.2

Active substance: Tizanidine

Therapeutic indication:

Sirdalud is indicated in adults in the treatment of:

- Painful muscle spasms associated with static and functional disorders of the spine (cervical and lumbar syndromes), or that occur after surgical interventions (herniated intervertebral disc or osteoarthritis of the hip).

- spasticity due to neurological disorders, such as multiple sclerosis, chronic myelopathy, degenerative disorders of the spinal cord, cerebrovascular seizures and cerebral palsy.

Prescription and dispensation conditions: Medical prescription.

Regarding this medicine, the Commission agrees:

- **Modify the price** of the medicines mentioned in the terms that appear in the table above. Motivated by the change in economic, technical and health circumstances from the moment the current price and therapeutic value of this medicine were set.

- **VALCYTE**

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR EXCLUSION
ROCHE FARMA S.A	VALCYTE 450 mg	60 film coated tablets	764050	Article 93

Active substance: J05AB14 - Valganciclovir

Therapeutic indication:

Valcyte is indicated for the induction and maintenance treatment of cytomegalovirus (CMV) retinitis in adult patients with acquired immunodeficiency syndrome (AIDS).

Valcyte is indicated for the prevention of CMV disease in CMV-seronegative adults and children (birth to 18 years) who have received a solid organ transplant from a CMV-seropositive donor.

Prescription and dispensation conditions: Medical prescription. Hospital diagnosis.

Regarding this medicine, the Commission agrees to propose to the General Directorate **the acceptance of its exclusion from funding** by the National Health System due to the existence of funded therapeutic alternatives available.

2. P&R REJECTIONS

A. NEW MEDICINAL PRODUCTS

A.1. NEW MEDICINAL PRODUCTS

○ LOKELMA

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
ASTRAZENECA FARMACÉUTICA SPAIN SA.	LOKELMA 5 G POWDER FOR ORAL SUSPENSION	30 sachets	723640	e)
ASTRAZENECA FARMACÉUTICA SPAIN SA.	LOKELMA 10 G POWDER FOR ORAL SUSPENSION	30 sachets	723641	e)

Active substance: V03AE10 Sodium Zirconium Cyclosilicate

Therapeutic indication:

Lokelma is indicated for the treatment of hyperkalaemia in adult patients.

Prescription and dispensation conditions: Medical prescription.

With regard to this medicine, the Commission **agrees to propose to the General Directorate the non-inclusion** of the medicine in the pharmaceutical service of the NHS, due to the existence of other therapeutic alternatives at a lower cost of treatment.

○ MULPLEO

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
SHIONOGI, SLU.	MULPLEO 3 MG FILM COATED TABLETS	7 tablets	726061	d)

Active substance: V03AE10 Sodium Zirconium Cyclosilicate

Therapeutic indication:

Mulpleo is indicated for the treatment of severe thrombocytopenia in adult patients with chronic liver disease who undergo invasive procedures.

Prescription and dispensation conditions: Medical prescription. Hospital diagnosis.

Regarding this medicine, the Commission **agrees to propose to the General Directorate the non-inclusion** of the medicine in the pharmaceutical service of the NHS, due to the existence of other therapeutic alternatives at a lower cost of treatment.

○ BLINCYTO

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
AMGEN, S.A.	BLINCYTO 38,5 MCG	1 powder vial for concentrate for solution for infusion	709226	c) and d)

Active substance: L01XC19 – Blinatumomab

Therapeutic indication:

BLINCYTO is indicated in adults as monotherapy for the treatment of B-precursor acute lymphoblastic leukaemia (ALL) with negative Philadelphia chromosome, CD19 positive and refractory or relapsed situation.

BLINCYTO is indicated in adults as monotherapy for the treatment of B precursor ALL with a negative Philadelphia chromosome, CD19 positive in first or second complete remission and with minimal residual disease (MRD) equal to or greater than 0.1%.

BLINCYTO is indicated for the treatment of paediatric patients from 1 year of age on monotherapy with B precursor ALL with negative Philadelphia chromosome, CD19 positive and refractory or relapsing after having received at least two previous treatments or relapsing after having received an allogeneic hematopoietic stem cell transplant.

Prescription and dispensation conditions: Medical prescription. Hospital use.

Regarding this drug, **the Commission agrees to propose to the General Directorate the non-inclusion** of this drug in the pharmaceutical service of the NHS, taking into account the uncertainties regarding its therapeutic value and criteria for rationalizing public spending and budgetary impact on the NHS.

○ MAYZENT

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
NOVARTIS FARMACEUTICA SA	MAYZENT 0,25 MG	12 film coated tablets	727951	d) and e)
NOVARTIS FARMACEUTICA SA	MAYZENT 0,25 MG	120 film coated tablets	727952	d) and e)
NOVARTIS FARMACEUTICA SA	MAYZENT 2 MG	28 film coated tablets	727953	d) and e)

Active substance: L04AA42 - Siponimod

Therapeutic indication:

Treatment of adult patients with secondary progressive multiple sclerosis (SPMS) with active disease defined by seizures or by typical imaging features of inflammatory activity.

Prescription and dispensation conditions: Medical prescription. Hospital diagnosis.

Regarding this medicine, **the Commission agrees to propose to the General Directorate the non-inclusion** of the medicine in the pharmaceutical service of the NHS, due to the existence of medicines or other therapeutic alternatives for the same conditions, at a lower price or lower cost of treatment. In addition, criteria for the rationalization of public spending for pharmaceutical services and the budgetary impact on the National Health System have been considered.

○ DOPTELET

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
SWEDISH ORPHAN BIOVITRUM, S.L	DOPTELET 20 MG	10 film coated tablets	728167	d)
SWEDISH ORPHAN BIOVITRUM, S.L	DOPTELET 20 MG	15 film coated tablets	728168	d)

Active substance: B02BX08- Avatrombopag

Therapeutic indication:

Doptelet is indicated for the treatment of severe thrombocytopenia in adult patients with chronic liver disease who are scheduled for invasive intervention.

Prescription and dispensation conditions: Medical prescription. Hospital diagnosis.

With regard to this medicine, **the Commission agrees to propose to the General Directorate the non-inclusion** of this medicine in the pharmaceutical service of the NHS, considering the criteria of rationalization of public spending and budgetary impact on the NHS.

A.2. OTHER MEDICINAL PRODUCTS

○ REMSIMA

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
KERN PHARMA S.L.	REMSIMA 120 MG SOLUCIÓN INYECTABLE EN JERINGA PRECARGADA	1 automatic pre-filled syringe of 1 ml + 2 pads with Alcohol	727868	e)
KERN PHARMA S.L.	REMSIMA 120 MG SOLUCIÓN INYECTABLE EN JERINGA PRECARGADA	1 automatic pre-filled syringe of 1 ml + 2 pads with alcohol	727869	e)
KERN PHARMA S.L.	REMSIMA 120 MG SOLUCIÓN INYECTABLE EN PLUMA PRECARGADA	1 pre-filled pen 1 ml + 2 alcohol pads	727871	e)
KERN PHARMA S.L.	REMSIMA 120 MG SOLUCIÓN INYECTABLE EN PLUMA PRECARGADA	2 pre-filled pen 1 ml + 2 alcohol pads	727872	e)

Active substance: L04AB02- INFLIXIMAB

Therapeutic indication:

First biosimilar to infliximab for subcutaneous administration.

The indication for RA in both presentations (pen or sc syringe) is the same.

Rheumatoid arthritis

Remsima, in combination with methotrexate, is indicated for the reduction of signs and symptoms, as well as for the improvement of physical function in:

- Adult patients with active disease, when the response to disease-modifying antirheumatic drugs (DMARDs), including methotrexate, has been inadequate.
- Adult patients with severe, active and progressive disease not previously treated with methotrexate or other DMARDs.

Indications authorized in June 2020 by the EC and not included in the technical data sheet.

- Crohn's disease in adults

  Remsima is indicated for:

  The treatment of moderate to severe active Crohn's disease in unresponsive adult patients despite a full and adequate course of treatment with a corticosteroid and / or an immunosuppressant; or who are intolerant or have medical contraindications to said treatments.

  The treatment of active, fistulizing Crohn's disease in unresponsive adult patients despite a full and adequate course of treatment with conventional treatment (including antibiotics, drainage and immunosuppressive therapy).

- Ulcerative colitis

  Remsima is indicated for the treatment of moderate to severe active ulcerative colitis in adult patients who have presented an inadequate response to conventional treatment, including corticosteroids and 6-mercaptopurine (6 MP) or azathioprine (AZA), or who are intolerant. or have medical contraindications to such treatments.

- Ankylosing spondylitis

  Remsima is indicated for the treatment of severe, active ankylosing spondylitis in adult patients who have responded inadequately to conventional therapy.

- Psoriasic arthritis

  Remsima is indicated for the treatment of active and progressive psoriatic arthritis in adult patients when the response to previous DMARD treatment has not been adequate.

  Remsima should be administered in combination with methotrexate or as monotherapy in patients who are intolerant to methotrexate or in whom methotrexate is contraindicated. Infliximab has been

shown to improve physical function in patients with psoriatic arthritis, and to reduce the rate of progression of peripheral joint damage, as measured by X-rays in patients with symmetric polyarticular subtypes of the disease.

- Psoriasis

  Remsima is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who have not responded, or who have contraindications, or who are intolerant to other systemic treatment including cyclosporine, methotrexate, or ultraviolet A psoralen (PUVA).

  All indications are in adults. None in paediatrics.

Prescription and dispensation conditions: Medical prescription. Hospital diagnosis.

Regarding this drug, the Commission **agrees** to propose to the General Directorate the non-inclusion of the drug in the pharmaceutical service of the NHS, considering the proposal presented by the company and the existence of therapeutic alternatives at lower treatment costs.

○ ACICLOVIR

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR THE REVISION
ACCORD HEALTHCARE SLU	ACICLOVIR ACCORD 25MG/ML, vial 10ml	1 concentrated vial for solution for infusion	728868	e)
ACCORD HEALTHCARE SLU	ACICLOVIR ACCORD 25MG/ML, vial 20ml	1 concentrated vial for solution for infusion	728869	e)
ACCORD HEALTHCARE SLU	ACICLOVIR ACCORD 25MG/ML, vial 40ml	1 concentrated vial for solution for infusion	728870	e)

Active substance: J05AB01 - Aciclovir

Therapeutic indication:

Treatment of Herpes Simplex Virus (HSV) infections.

Prophylaxis of Herpes Simplex Virus Infections in Immunocompromised Patients.

Treatment of immunosuppressed patients with Herpes Zoster, especially in progressive or disseminated skin infections.

Treatment of Herpes Simplex Virus (HSV) Infections in Neonates

Prescription and dispensation conditions: Medical prescription. Hospital use.

With respect to this drug, the Commission **agrees to propose** to the General Directorate the non-inclusion of the drug in the pharmaceutical service of the NHS, considering the proposal presented by the company and the existence of therapeutic alternatives at a lower price.

○ ASPIFOX

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
TEVA PHARMA SL	ASPIFOX 10 MG/100 MG	30 hard tablets	729204	c) and d)
TEVA PHARMA SL	ASPIFOX 5 MG/100 MG	30 hard tablets	729206	c) and d)
TEVA PHARMA SL	ASPIFOX 20 MG/100 MG	30 hard tablets	72920	c) and d)

Active substance: C10BX05 rosuvastatin and acetylsalicylic acid

Therapeutic indication:

Aspifox is indicated for the secondary prevention of cardiovascular events as replacement therapy in adequately controlled adult patients with the individual components administered concomitantly at equivalent therapeutic doses.

Prescription and dispensation conditions: Medical prescription.

Regarding this drug, **the Commission agrees to propose to the General Directorate the non-inclusion** of the drug in the pharmaceutical provision of Aspifox (rosuvastatin and acetylsalicylic acid) since as replacement therapy patients must be adequately controlled with stable doses of its components taken at the same time, rosuvastatin not having the indication for secondary prevention of cardiovascular events.

○ OZALIN

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
NORDIC PHARMA SA	OZALIN 2 MG/ML SOLUCIÓN ORAL EN ENVASE UNIDOSIS	10 ampoules of 5 ml + 10 filter tubes + 10 applicators	728471	e)

Active substance: N05CD08 - Midazolam

Therapeutic indication:

OZALIN® is indicated in children 6 months to 17 years of age for moderate sedation before a diagnostic or therapeutic procedure or as a pre-anesthetic medication.

Prescription and dispensation conditions: Hospital use.

With respect to this medicine, the Commission **agrees to propose to the General Directorate the non-inclusion** of the medicine in the pharmaceutical service of the NHS, due to the existence of medicines or other therapeutic alternatives for the same conditions at a lower price or lower cost of treatment.

B. NEW INDICATIONS

○ BAVENCIO

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
MERCK SL	BAVENCIO 20mg/ml, vial 10ml	1 concentrated vial for solution for infusion	719163	c) and e)

Active substance: L01XC31 - Avelumab

Authorised therapeutic indications:

Bavencio is indicated as monotherapy for the treatment of adult patients with metastatic Merkel cell carcinoma (MCC).

Bavencio in combination with axitinib is indicated for the first-line treatment of adult patients with advanced renal cell carcinoma (RCC).

Financed therapeutic indications:

Bavencio is indicated as monotherapy for the treatment of adult patients with metastatic Merkel cell carcinoma (MCC).

Therapeutic indications object for this report:

Bavencio in combination with axitinib is indicated for the first-line treatment of adult patients with advanced renal cell carcinoma (RCC).

Prescription and dispensing conditions: Medical Prescription. Hospital use.

Regarding this drug, the Commission **agrees to propose to the General Directorate the non-inclusion** of this indication in the pharmaceutical service of the NHS, taking into account the existence of therapeutic alternatives with less uncertainty in relation to the long-term clinical benefit and lower cost of the treatment.

D. ALLEGATIONS

○ PERJETA

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
ROCHE FARMA S.A	PERJETA 420 mg	1 concentrated vial for solution for infusion	697235	c) and d)

Active substance: L01XC13 - Pertuzumab

Authorised therapeutic indications:

Early breast cancer

Perjeta is indicated in combination with trastuzumab and chemotherapy in:

- Neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early-stage breast cancer at high risk of relapse
- Adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of relapse

Metastatic breast cancer

Perjeta is indicated in combination with trastuzumab and docetaxel for the treatment of adult patients with locally recurrent unresectable or metastatic HER2-positive breast cancer, who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Financed therapeutic indications:

Early breast cancer

Perjeta is indicated in combination with trastuzumab and chemotherapy in:

- Neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early-stage breast cancer at high risk of relapse

Metastatic breast cancer

Perjeta is indicated in combination with trastuzumab and docetaxel for the treatment of adult patients with locally recurrent, unresectable or metastatic HER2-positive breast cancer, who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Therapeutic indications object for this report:

Early breast cancer.

Perjeta is indicated in combination with trastuzumab and chemotherapy in the adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of relapse.

Prescription and dispensing conditions: Medical Prescription. Hospital use.

With regard to this medicine, the Commission agrees not to accept the allegations presented by the company and **proposes to the General Directorate not to include this indication** of the medicine in the pharmaceutical service of the NHS, taking into account the modest incremental clinical benefit and considering the high cost treatment and the high budgetary impact for the National Health System.

○ LONSURF

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
LABORATORIOS SERVIER SL	LONSURF 15 mg/6,14 mg	20 film coated tablets	711118	c and d
LABORATORIOS SERVIER SL	LONSURF 15mg/6,14 mg	60 film coated tablets	711120	c and d
LABORATORIOS SERVIER SL	LONSURF 20 mg/8,19 mg	20 film coated tablets	711119	c and d

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
LABORATORIOS SERVIER SL	LONSURF 20 mg/8,19 mg	60 film coated tablets	711121	c and d

Active substance: TRIFLURIDINE AND TIPIRACILO - L01BC59

Authorised therapeutic indications:

Colorectal cancer

Lonsurf is indicated as monotherapy in the treatment of adult patients with metastatic colorectal cancer (mCRC) who have previously been treated or are not considered candidates for treatment with available therapies, including chemotherapy based on fluoropyrimidines, oxaliplatin and irinotecan, anti-VEGF agents and anti-EGFR agents.

Gastric cancer

Lonsurf is indicated as monotherapy in the treatment of adult patients with metastatic gastric cancer including adenocarcinoma of the gastroesophageal junction, who have previously been treated with at least two previous systemic treatments for advanced disease.

Financed therapeutic indications:

Colorectal cancer

Lonsurf is indicated as monotherapy in the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated or are not considered candidates for treatment with available therapies, including chemotherapy based on fluoropyrimidines, oxaliplatin and irinotecan, anti-VEGF agents and anti-EGFR agents.

Therapeutic indications object for this report:

Gastric cancer.

Lonsurf is indicated as monotherapy in the treatment of adult patients with metastatic gastric cancer including adenocarcinoma of the gastroesophageal junction, who have previously been treated with at least two previous systemic treatments for advanced disease.

Prescription and dispensing conditions: Medical Prescription. Hospital diagnosis.

With regard to this drug, the Commission agrees not to accept the allegations presented by the company and **proposes to the General Directorate not to include** the indication for Lonsurf in the monotherapy treatment

of adult patients with metastatic gastric cancer including junctional adenocarcinoma gastroesophageal disease, which have been previously treated with at least two previous systemic treatments for advanced disease, taking into account the proposal presented by the company and the incremental clinical benefit compared to placebo.

○ DOLQUINE TABLETS

MANUFACTURER	TRADENAME	PHARMACEUTICAL FORM	NATIONAL CODE	CRITERIA FOR FINANCING
LABORATORIOS RUBIO SA	DOLQUINE 200 mg	30 comprimidos recubiertos	700680	Article 96.2

Active substance: P01BA02 hidroxicloroquina

Authorised therapeutic indications:

Dolquine is indicated in adults for:

Treatment of acute or chronic rheumatoid arthritis. Treatment of chronic discoid and systemic lupus erythematosus.

Prophylaxis and treatment of uncomplicated malaria caused by susceptible plasmodium species, as an alternative to chloroquine (when first-line treatments are not adequate or available).

Dolquine is indicated in adolescents (12 years of age and older) and in children 9 to 11 years of age with a body weight greater than 31 kg for:

- Prophylaxis and treatment of uncomplicated malaria caused by susceptible plasmodium species, as an alternative to chloroquine (when first-line treatments are not suitable or available).

Official recommendations regarding the treatment and prevention of malaria must be considered (see sections 4.2 and 5.1).

Prescription and dispensing conditions: Medical Prescription.

With respect to these drugs, the Commission agrees **not to accept the allegations** and therefore:

- **Not to modify the maximum industrial price** of the medicine, considering the existence of other medicines available and standardized supply in the same homogeneous grouping.