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Advice document
SMC2670

follitropin delta solution for injection in a pre-filled pen (Rekovelle®)

Ferring Pharmaceuticals Ltd

07 June 2024

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and, following review by the SMC executive, advises NHS Boards and Area Drug and Therapeutics Committees (ADTCs) on its use in NHSScotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

follitropin delta (Rekovelle®) is accepted for restricted use within NHSScotland.

Indication under review: controlled ovarian stimulation for the development of multiple follicles in women undergoing assisted reproductive technologies (ART) such as an *in vitro* fertilisation (IVF) or intracytoplasmic sperm injection (ICSI) cycle.

SMC restriction: for use in normal responders (patients with an anti-Müllerian hormone level of >5.4 pmol/L) or high responders (patients with an anti-Müllerian hormone level of ≥25 pmol/L).

Follitropin delta offers an additional treatment choice in the therapeutic class of gonadotropins.

This advice applies only in the context of approved NHSScotland Patient Access Scheme (PAS) arrangements delivering the cost-effectiveness results upon which the decision was based, or PAS/ list prices that are equivalent or lower.

Chair
Scottish Medicines Consortium

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1. Clinical Context

1.1. Medicine background

Follitropin delta (Rekovelle®) is a recombinant human follicle-stimulating hormone (FSH), the most important effect of which is the development of multiple mature follicles. The dose is individualised for each patient with the aim of obtaining an ovarian response, while reducing interventions to prevent ovarian hyperstimulation syndrome. For the first treatment cycle, the daily dose is determined based on the patient's serum anti-Müllerian hormone (AMH) concentration and body weight and is maintained throughout the stimulation period. For details of dose calculation, please see Summary of Product Characteristics.[1] The submitting company requested that SMC considers Rekovelle® for use in normal responders (defined as patients with an AMH level of >5.4 pmol/L) or high responders (defined as patients with an AMH level of ≥25 pmol/L), which is in line with National Institute for Health and Care Excellence (NICE) guidelines.[2]

1.2. Relevant comparator(s)

The submitting company has proposed Rekovelle® as an alternative to follitropin alfa (Gonal-f®) and Gonal-f® biosimilars, Ovaleap® and Bemfola®. Of these, SMC has issued advice for Bemfola® (SMC 1025/15). Follitropin alfa/lutropin alfa (Pergoveris®) is also accepted for use by SMC for stimulation of follicular development in women with severe LH and FSH deficiency (SMC 444/08).

2. Summary of Clinical Evidence

2.1. Evidence to support comparable efficacy with relevant comparators

ESTHER-1 was a phase III, randomised, controlled, assessor-blinded, non-inferiority study which recruited 1,326 patients (aged 18 to 40 years) undergoing their first IVF or ICSI cycle. Patients were randomised equally to receive an individualised fixed dose of Rekovelle® based on their AMH levels and body weight or conventional follitropin alfa (Gonal-f®). The study was designed to demonstrate non-inferiority of Rekovelle® to Gonal-f® in terms of ongoing pregnancy rate and ongoing implantation rate at a prespecified margin of -8.0%.

The ongoing pregnancy rate was 31% in the Rekovelle® group and 32% in the Gonal-f® group, with a difference of -0.9% (95% confidence interval [CI]: -5.9% to 4.1%). The ongoing implantation rate was 35% in the Rekovelle® group and 36% in the Gonal-f® group, with a difference of -0.6% (95% CI: -6.1% to 4.8%). For both primary outcomes, the lower bound of the 95% CI was above -8.0% and therefore non-inferiority was established.[1, 3, 4] No evidence was provided to support the proposed positioning.

3. Company Estimate of Eligible Population, Uptake and Budget Impact

3.1. Company's number of patients assumed to be eligible for treatment

The company estimated that there would be 1,775 patients eligible for treatment with Rekovelle® each year (with patients equal to the number of cycles each year).

3.2. Budget Impact assumption

Medicines reviewed under the abbreviated submissions process are estimated to have a limited net budget impact and resource allocation across NHS Scotland.

References

1. Ferring Pharmaceuticals Ltd. Follitropin delta solution for injection in a pre-filled pen (Rekovelle®) Summary of product characteristics. Electronic Medicines Compendium www.medicines.org.uk Last updated 26 May 2022.
2. National Institute for Health and Care Excellence (NICE). Fertility problems: assessment and treatment. Clinical guideline [CG156]. Published: 20 February 2013 Last updated: 06 September 2017.
Available at: https://www.nice.org.uk/guidance/cg156 (Accessed 22 May 2024).
3. Nyboe Andersen A, Nelson SM, Fauser BCJM, García-Velasco JA, Klein BM, Arce J-C*, et al.* Individualized versus conventional ovarian stimulation for in vitro fertilization: a multicenter, randomized, controlled, assessor-blinded, phase 3 noninferiority trial. Fertility and Sterility. 2017;107(2):387-96.e4. https://doi.org/10.1016/j.fertnstert.2016.10.033
4. European Medicines Agency (EMA). European Public Assessment Report. Follitropin delta (Rekovelle®). 13 October 2016, EMA/11072/2017. www.ema.europa.eu

This assessment is based on data submitted by the applicant company up to and including 04 March 2024.

Medicine prices are those available at the time the papers were issued to SMC for consideration. SMC is aware that for some hospital-only products national or local contracts may be in place for comparator products that can significantly reduce the acquisition cost to Health Boards. These contract prices are commercial in confidence and cannot be put in the public domain, including via the SMC Detailed Advice Document. Area Drug and Therapeutics Committees and NHS Boards are therefore asked to consider contract pricing when reviewing advice on medicines accepted by SMC.

Patient access schemes: A patient access scheme is a scheme proposed by a pharmaceutical company in order to improve the cost-effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines. A Patient Access Scheme Assessment Group (PASAG), established under the auspices of NHS National Services Scotland reviews and advises NHSScotland on the feasibility of proposed schemes for implementation. The PASAG operates separately from SMC in order to maintain the integrity and independence of the assessment process of the SMC. When SMC accepts a medicine for use in NHSScotland on the basis of a patient access scheme that has been considered feasible by PASAG, a set of guidance notes on the operation of the scheme will be circulated to Area Drug and Therapeutics Committees and NHS Boards prior to publication of SMC advice.

Advice context:

This advice is based on the estimation of at least similar comparative efficacy and limited net budget impact compared with other medicinal products, within the same therapeutic class, that are in routine use within NHSScotland.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after evaluation of the evidence submitted by the company. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.