Recommendation No. 21/2020

of 11 February 2020

issued by the President of the Agency for Health Technology Assessment and Tariff System

on the evaluation of Valtricom (Amlodipinum + Valsartanum + Hydrochlorothiazidum) in all indications registered as of the date of the Decision

The President of the Agency recommends reimbursing Valtricom (Amlodipinum + Valsartanum + Hydrochlorothiazidum) in all indications registered as of the date of the Decision **on condition that** its use does not result in increased expenditure on either the public payer's or the patient's part.

Statement of reasons for the recommendation

Taking into account the position of the Transparency Council, the available scientific evidence, clinical guidelines and reimbursement recommendations, the President of the AOTMiT believes that financing of the health technology in question from public funds is justified.

Due to the lack of studies directly comparing the efficacy of the intervention in question with the preferred comparator, the applicant presented 4 studies on the effectiveness of a single-tablet product consisting of Amlodipinum + Valsartanum + Hydrochlorothiazidum (AML/VAL/HCTZ). Three of them refer to the effectiveness in patients with essential arterial hypertension (EXCITE, SIMPLIFY, El-Etriby 2020) and one study (Xie 2014) compares compliance in patients taking a combination of three hypotensive drugs in the form of a single tablet or two or three tablets.

The results of the three effectiveness studies (EXCITE, SIMPLIFY, El-Etriby 2020) have demonstrated that the use of the AML/VAL/HCTZ combination in the form of a single tablet in patients with arterial hypertension is associated with a statistically significant reduction of mean arterial pressure (both systolic and diastolic) relative to baseline. In SIMPLIFY, the percentage of patients with normal blood pressure amounted to 43.5%, while in El-Etriby 2020, that percentage was 76.9%. In both studies, the observation period was 12 weeks. In EXCITE, 54% of patients reported normal systolic pressure at the end of week 26. In patients treated with AML/VAL/HCTZ therapy administered in a single tablet, the response in EXCITE reached 89.2% for systolic blood pressure and 88.9% for diastolic blood pressure. In SIMPLIFY, the percentage of patients responding to treatment reached 71.3%.

The results concerning compliance in Xie 2014 indicate that the use of hypotensive therapy in the form of a single tablet was associated with a 55% higher chance of compliance compared to the two-tablet arm and with an 89% lower chance of treatment discontinuation compared to patients taking antihypertensive drugs in the form of two tablets.

However, it should be borne in mind that in the indication in question, Valtricom can be administered only in patients who have previously achieved adequate blood pressure control in the course of

combination therapy with amlodipine, valsartan and hydrochlorothiazide. This assumption had not been met by any of the studies included in the analysis. The limitations of the studies themselves, such as the possibility to increase the dose or to add another hypotensive drug in El-Etriby 2020 or population discrepancies in Xie 2014 between the single-tablet and two-tablet arms that may affect the outcome, should also be underlined.

In accordance with the above-mentioned studies, the adverse events in patients treated with AML/VAL/HCTZ therapy administered as a single-tablet occurred in 6.1% of patients included in EXCITE, in 2.3% of patients from SIMPLIFY and in 9.4% of patients participating in El-Etriby 2020. The following symptoms were the most commonly reported: oedemas, dizziness, coughing, nausea, palpitations, headaches and flatulence.

The cost-minimisation analysis in a 28-day time horizon presented by the applicant demonstrated that *[information protected as a trade secret].*

However, two probable variants of the sensitivity analysis should be noted: assuming the inclusion in the 45.0 limit group and assuming the inclusion of Valtricom products in the 75+ list (list of drugs which are available free of charge to senior citizens over the age of 75). *[information protected as a trade secret]*

The applicant presented two basic variants of the budget impact analysis. In both variants, the applicant assumed lack of free-of-charge access to Valtricom of the > 75 y/o population with simultaneous reimbursement of the alternative interventions as part of the 75+ list. *[information protected as a trade secret]*

Taking the above and the position of the Council into account, the President of the AOTMiT believes that financing the technology in question is justified, on condition that the price of the drug be fixed in a way ensuring that the cost of its use is not higher for patients than that of the currently reimbursed treatment, with simultaneous reduction of expenditure on the public payer's part.

Subject of the application

The order of the Minister of Health concerns assessing whether the following medicinal product should be financed from public funds:

- Valtricom (Amlodipinum + Valsartanum + Hydrochlorothiazidum) film-coated tablets, 5 mg + 160 mg + 12.5 mg, 28 tablets, EAN 03838989708627 – for which the proposed net ex-factory price amounted to *[information protected as a trade secret]*;
- Valtricom (Amlodipinum + Valsartanum + Hydrochlorothiazidum) film-coated tablets, 10 mg + 160 mg + 12.5 mg, 28 tablets, EAN 03838989708610 – for which the proposed net ex-factory price amounted to *[information protected as a trade secret]*;
- Valtricom (Amlodipinum + Valsartanum + Hydrochlorothiazidum) film-coated tablets, 10 mg + 160 mg + 25 mg, 28 tablets, EAN 03838989708634 – for which the proposed net ex-factory price amounted to *[information protected as a trade secret]*.

The proposed patient co-payment and reimbursement availability category: *[information protected as a trade secret]*, a prescription drug available for the entire range of indications and uses included in the marketing authorisation, within a new limit group. *[information protected as a trade secret]*

The applicant suggests creating a new limit group for the drug in question. It indicates that no three-component product is currently reimbursed in the treatment of hypertension. Hence, the existing limit groups include only non-compound products or products composed of two substances. Valtricom is composed of three active substances characterised by different mechanisms of action. By referring to the provisions of Article 15(2) of the Act on reimbursement, the applicant underlines that the creation of a new limit group is therefore supported by the different international non-proprietary name (INN) and a different mechanism of action of the technology in question compared to the currently

reimbursed technologies. In addition, it has been demonstrated that the AML+VAL+HCTZ therapy has proven to be more effective than two-component therapies, including the reimbursed VAL+HCTZ and AML+VAL combinations.

Within the framework of the submitted analyses, the applicant is considering the variant of including Valtricom in the existing limit group 45.0, Angiotensin II antagonists – single-component and compound products, under which both VAL+HCTZ and VAL+AML combinations are reimbursed.

Health problem

Hypertension (HT) is the condition of elevated systolic blood pressure ≥ 140 mm Hg and/or diastolic blood pressure ≥ 90 mm Hg. Hypertension is divided into essential (primary) (approx. 90% of cases) and secondary (approx. 10% of cases).

Primary arterial hypertension means a permanent increase in blood pressure caused by a variety of genetic and environmental factors which result in abnormal physiological regulation of blood pressure. Unlike secondary hypertension, its definite cause cannot be identified.

According to NATPOL 2011, arterial hypertension affects 32% of adult Poles aged under 80. This disease occurs more frequently in men than in women (35% to 29%) and the detection rate of HT is 70%. HT is controlled in 26% of patients.

Primary arterial hypertension may have different courses. In some patients, the disease is dynamic for a long time and does not cause organ complications, whereas in other patients it has of permanent nature since the disease onset and results in organ complications.

Increased blood pressure results in an increased risk of death due to vascular causes. The increase in systolic pressure by 20 mm Hg or the increase in diastolic pressure by 10 mm Hg is associated with almost twice greater risk of death due to vascular causes – slightly higher in younger patients and lower in older ones. This dependence is maintained in the range from very high blood pressure up to 115/75 mm Hg, i.e. values considered optimal. The reduction of arterial blood pressure (even a slight one) is associated with reduced risk of cardiovascular complications and death.

Alternative health technologies

In accordance with the information presented in the current Announcement of the Minister of Health 20/12/2020, no products containing only hydrochlorothiazide are reimbursed in Poland. Only products containing hydrochlorothiazide in combination with other substances, including products containing valsartan and hydrochlorothiazide, are reimbursed and no combination with amlodipine is available. Therefore, the combined therapy of amlodipine and valsartan/hydrochlorothiazide administered in two products should be indicated as the comparator for Valtricom.

Description of the proposed intervention

Valtricom contains three antihypertensive components with complementary mechanisms of controlling blood pressure in patients with essential hypertension: amlodipine belongs to the group of calcium antagonists, valsartan to the group of angiotensin II antagonists, and hydrochlorothiazide belongs to the group of thiazide diuretics. The combination of these substances results in an additive antihypertensive effect.

According to the relevant Summary of Product Characteristics (SPC), Valtricom is recommended in the treatment of essential hypertension in adult patients with appropriate blood pressure control achieved in the course of combination therapy with amlodipine, valsartan and hydrochlorothiazide (HCTZ) as a replacement for the administration of these active substances in three separate products or in two products, one of which contains two active substances and the second one contains the remaining active substance.

The indication in question fully corresponds to the indication included in the marketing authorisation issued to Valtricom.

Efficacy, effectiveness and safety assessment

The assessment consists in the collection of data on health consequences (efficacy and safety) resulting from the use of a new therapy in a given health problem and other publicly financed therapies which constitute an alternative treatment option available in a given health problem. Then, the assessment requires determining the reliability of the collected data and comparing the results regarding the efficacy and safety of the new therapy with those of therapies already available in a given health problem.

Based on the above, the efficacy and safety assessment allows for obtaining information about the extent of the health effect (with regard to both efficacy and safety) to be expected in relation to the new therapy compared to the other considered therapeutic options.

The conducted systematic review of primary and secondary studies has failed to identify studies that directly or indirectly compare the intervention in question (AML/VAL/HCTZ compound product in a single-tablet) with the comparator chosen by the applicant, i.e. amlodipine, valsartan and hydrochlorothiazide combination therapy administered simultaneously using two or three separate products. Therefore, as part of the clinical analysis, the results of effectiveness studies for the combination of amlodipine, valsartan and hydrochlorothiazide (AML/VAL/HCTZ) administered as a single-tablet combination (STC) were presented:

- EXCITE: a cohort study (publications: Sison 2014, Assaad-Khali 2015, Khan 2014 and Sison 2014b) with a control arm (AML+VAL in the form of single tablet). The observation period was 26 (±8) weeks. 1,191 patients were included in the AML/VAL/HCTZ arm. Results were presented only for the AML/VAL/HCTZ arm. The quality score of EXCITE was evaluated at 8 on the 8-point NOS scale;
- SIMPLIFY: a single-arm study (publications: Hagendorff 2014, Hagendorff 2013 and abstract Viriato 2015). The observation period was 12 months. 7,132 patients were included in the study. The quality score of the study was estimated at 7 out of 8 on the NICE scale. One point was deducted for failure to provide information on whether patients were enrolled in the study successively;
- El-Etriby 2020: a single-arm study – the observation period was 12 weeks. 1,080 patients were included in the study. The quality score of the study was estimated at 6 out of 8 on the NICE scale. One point was deducted for failure to provide results concerning particular subgroups of patients and one point for failure to provide information whether patients were enrolled in the study successively.

In addition, the results of Xie 2014, a study conducted in patients with hypertension, are presented; it compared compliance in case of treatment regimens involving taking three different active substances (amlodipine, hydrochlorothiazide and valsartan/olmesartan) in different forms: single-tablet (containing three active substances), two tablets (one containing two active substances and the second one – one active substance) or three tablets (one active substance in each tablet). The analysis included 17,465 patients, of which 8,516 patients (48.8%) received a single tablet (including AML/VAL/HCTZ), 7,842 patients (44.9%) received two tablets and 1,107 patients (6.3%) received three tablets. The observation period was 12 months.

The following parameters were used to assess effectiveness:

- NNT – number needed to treat (number of patients in whom the applied treatment leads to one positive endpoint),
- OR – odds ratio;

Effectiveness

In all presented studies, in patients treated with AML/VAL/HCTZ combination therapy administered in the form of a single-tablet, a statistically significant decrease in mean blood pressure, both systolic (SBP) and diastolic (DBP), was observed in relation to baseline.

Since the results in EXCITE are available for separate subpopulations treated with specific doses of the AML/VAL/HCTZ combination administered in the form of a single tablet, it was decided that only those results that correspond to the assessed Valtricom presentations (i.e. 5/160/12.5 mg, 10/160/12.5 mg, 10/160/25 mg) will be indicated. These results demonstrate a statistically significant reduction of blood pressure regardless of the administered dose, although a better therapeutic effect was achieved in the case of higher doses.

In EXCITE, 54% of patients treated with AML/VAL/HCTZ administered in the form of a single tablet achieved normal systolic blood pressure of 140/90 mmHg (130/80 mmHg for diabetic patients) at the end of treatment. In SIMPLIFY, the percentage of patients with normal blood pressure amounted to 43.5%, while in El-Etriby 2020, that percentage was 76.9%.

Among patients treated with AML/VAL/HCTZ administered in the form of a single tablet, the response in EXCITE reached 89.2% for systolic blood pressure and 88.9% for diastolic blood pressure. In SIMPLIFY, the percentage of patients responding to treatment reached 71.3%.

Xie 2014, a retrospective study, assessed compliance in patients using the combination of three antihypertensive drugs administered in the form of a single tablet, two tablets and three tablets. Compliance was evaluated on the basis of patients with PDC ≥80% (PDC – proportion of days covered, i.e. the ratio of the number of days when patients received treatment in compliance with recommendations to the total number of days in the observation period).

The results of Xie 2014 demonstrate that the use of hypotensive therapy in the form of a single-tablet is linked to a significantly higher (by 82%) chance of obtaining PDC ≥80% compared to the arm treated with two tablets – OR=1.82% (95% CI: 1.71; 1.94), and NNT=7 (95% CI: 7; 8). In the arm treated using the single-tablet therapy, the chance of treatment discontinuation was statistically significantly lower by 44% in comparison to the arm treated with a two-tablet therapy – OR=0.56 (95% CI: 0.51; 0.61), and NNT=14 (95% CI: 12; 16).

Since in Xie 2014, population differences between groups administered drugs in the form of a single tablet or two tablets were present (patients in the single-tablet arm were younger and with an average lower Chronic Disease Score (CDS)), the results of the study were additionally adjusted by conducting Cox modelling. The adjusted results did not change the conclusion – the single-tablet arm had a 55% higher chance of compliance (higher percentage of patients with PDC ≥80%) than in the two-tablet arm, and an 89% lower chance of treatment discontinuation than in patients taking these drugs in the form of two tablets. In both cases, the results were statistically significant.

Safety

In patients treated with AML/VAL/HCTZ administered in a single tablet, the adverse events occurred in 6.1% of EXCITE patients, in 2.3% of SIMPLIFY patients and in 9.4% of El-Etriby 2020 patients.

The most common adverse reactions were as follows:

- In EXCITE: swelling, peripheral oedema, coughing, headache;
- In SIMPLIFY: peripheral oedema, dizziness, swelling, nausea, headache, pruritus, rash;
- In El-Etriby 2020: ankle swelling, lower limb swelling, palpitations, headache, dizziness, flatulence.

Limitations

The reliability of the presented results is affected by the lack of studies evaluating the efficacy and safety of the product consisting of three active substances (amlodipine, valsartan, hydrochlorothiazide) in the form of a single tablet compared to the selected comparator. In addition, in all included studies, the characteristics of the studied populations do not correspond to the population covered by the indication in question. The registered and assessed indication of Valtricom includes adult patients with essential hypertension in whom adequate blood pressure control was achieved in the course of combination therapy with amlodipine, valsartan and hydrochlorothiazide administered in two or three separate products, while the population included in the identified studies did not meet this criterion.

The following factors impact the uncertainty of the presented results:

- In El-Etriby 2020, an increase of the dose or addition of another antihypertensive drug (low dose) was allowed at the discretion of the practitioner in charge of treatment;
- In El-Etriby 2020, patients did not receive the drugs free-of-charge and instead bought them using their own money. This may have affected the results of the study (e.g. compliance);
- In Xie 2014, there were population and demographic differences between the arms single-tablet and two-tablet arms. The patients receiving single-tablet therapy were younger and in worse clinical condition in terms of the CDS ratio, and there were differences in co-morbidities.

Proposals of risk-sharing schemes

[information protected as a trade secret]

Economic analysis, including a cost-effectiveness estimation

An economic analysis consists in estimating and comparing the costs and health effects which may be associated with the use of a new therapy in an individual patient instead of therapies which are currently reimbursed.

The costs of the therapy are estimated in the Polish currency and the health effects are usually expressed using the life years gained (LYG) or the quality-adjusted life year (QALY) as a result of the therapy.

The comparison of values concerning the costs and effects related to the use of a new therapy and comparing them to the costs and effects of currently reimbursed therapies allow for obtaining an answer to the question on whether the health effect achieved as a result of the new therapy is associated with higher costs in comparison to the currently reimbursed therapies.

The achieved cost-effectiveness ratios are compared with the so-called cost-effectiveness threshold, i.e. which indicates that taking into account the means at the disposal of Poland (expressed in its GDP), the maximum cost of a new therapy necessary to obtain a unit of health effect (1 LYG or 1 QALY), compared to the currently available treatments, should not exceed three times the amount of per capita GDP.

Currently the cost-effectiveness threshold in Poland amounts to PLN 147,024 (3 x PLN 49,008).

The cost-effectiveness ratio does not estimate or determine the value of life, it only allows to assess and, among other things, select a therapy associated with the potentially best use of the currently available resources.

As part of the cost-effectiveness analysis, a cost-minimisation analysis was carried out in a 28-day time horizon from the public payer's (NHF) perspective and from the common perspective (NHF + patient).

The model includes only the costs of drugs. The remaining costs (associated with adverse effects, administration of drugs, treatment monitoring) were considered undifferentiated. As part of the analysis, the applicant assumed:

- the inclusion of the drug in question in a new limit group,
- Valtricom not being included in the 75+ list and the costs of alternative technologies taking into account the fact that some patients receive them free-of-charge.

According to the applicant's estimates, the use of Valtricom per patient in the indication in question instead of the AML and VAL+HCTZ polytherapy *[information protected as a trade secret]* within a 28-day time horizon.

From the common perspective, Valtricom treatment *[information protected as a trade secret]* in a 28-day approach in one patient.

The analysis of the patient's perspective presented in the applicant's analyses proved that replacement of the AML+VAL+HCTZ polytherapy with Valtricom in a 28-day horizon *[information protected as a trade secret]*.

In accordance with the sensitivity analysis from the NHF perspective *[information protected as a trade secret].*

Limitations

As in the case of the clinical analysis, the key limitation is the lack of clinical trials directly comparing the technology in question with the selected comparators.

Additionally, it should be borne in mind that in the basic analysis the applicant adopted the variant in which the intervention in question would be included in a new limit group, *[information protected as a trade secret]* Therefore, the Agency carried out its own calculations;

AOTMiT's own calculations

As part of AOTMiT's own calculations, the variant assuming the creation of a new limit group for Valtricom was evaluated, *[information protected as a trade secret]*;

Indication whether the circumstances referred to in Article 13, paragraph 3 of the Act of 12 May 2011 on the reimbursement of drugs, foodstuffs for particular nutritional uses and medical devices (Journal of Laws No. 2019, item. 784, as amended) occur;

In case the applicant's clinical analysis does not include randomised clinical trials which prove the superiority of the drug over the medical technologies which are currently reimbursed in the particular indication, it is the ex-factory price of the drug which must be calculated in such a way that the cost of using the drug applying for reimbursement is not higher than the cost of the health technology with the most favourable ratio of health effects to the cost of obtaining them.

The applicant's clinical analysis does not include any randomised clinical trials proving the drug's superiority over health technologies currently reimbursed in the indication in question, therefore the circumstances of Article 13 of the Act on reimbursement apply.

The statutory ex-factory price of Valtricom, for which the cost of using the drug which is subject of the reimbursement application would not be higher than the cost of the health technology, within the meaning of the Act on healthcare services, previously financed from public funds, characterised by the greatest cost-effectiveness ratio, is:

- [*information protected as a trade secret*];

Analysis of the effects on the healthcare system, including the budget impact analysis (BIA)

The analysis of the effects on the healthcare system consists of two important parts.

Firstly, the analysis of the impact on the payer's budget allows for estimating potential expenditure related to the financing of a new therapy from public funds.

The estimated expenditure related to the new therapy (the "tomorrow" scenario) is compared with how much currently is spent on the treatment of a particular health problem (the "today" scenario). On that basis it is possible to assess whether the new therapy will require a higher level of funding for the treatment of a particular health problem or whether it will involve savings in the payer's budget.

The budget impact assessment makes it possible to determine whether the payer possesses the necessary resources to finance a particular technology.

The second part of the analysis of the effects on the healthcare system raises the question on how the decision to finance a new therapy can affect the organisation of the provision of services (especially in the context of adjustments necessary for the new therapy to be used) and the availability of other healthcare services.

Results of the budget impact analysis carried out by the applicant were presented in a two-year horizon. The analysis was carried out from the payer's perspective. [*information protected as a trade secret*].

Only the costs of drugs were included in the budget impact analysis. [*information protected as a trade secret*]. The calculations took into account the reimbursement of optional technologies within the 75+ list, while assuming that Valtricom would not be included in this list.

Assuming a separate limit group for Valtricom is created, the results of the applicant's analysis demonstrate that *[information protected as a trade secret]* of the public payer's expenditure *[information protected as a trade secret]* in the first year of reimbursement of the intervention in question and *[information protected as a trade secret]* in the second year of reimbursement.

Assuming Valtricom is included in the 45.0 limit group , the results of the applicant's analysis demonstrate that *[information protected as a trade secret]* of the public payer's expenditure *[information protected as a trade secret]* in the first year of reimbursement of the intervention in question and *[information protected as a trade secret]* in the second year of reimbursement.

Limitations

The following factors impact the uncertainty of the presented calculations:

- [*information protected as a trade secret*].
- Within the framework of the basic analysis, the applicant did not take into account the financing of the intervention in question in the population of >75 y/o patients.

AOTMiT's own calculations

[information protected as a trade secret] Considering the fact that Valtricom may be included in the 75+ list, similar estimates have also been made for the option of total funding of the intervention in question in the population of >75 y/o patients.

- [*information protected as a trade secret*].

Remarks on the proposed risk-sharing scheme

Not applicable.

Remarks on the drug programme

Not applicable.

Review of the solutions proposed in the rationalisation analysis

The objective of the rationalisation analysis is to identify a mechanism which, if introduced, will result in a release of public funds in an amount at least corresponding to the increase in costs resulting from a positive decision to reimburse the intervention in question.

A rationalisation analysis is submitted if the budget impact analysis of the public payer demonstrated that the cost of reimbursement would increase.

As part of expenditure rationalisation, the applicant proposes to generate savings through more frequent use of drugs with a retail price below the limit.

[information protected as a trade secret]

Review of recommendations issued in other countries in relation to the technology in question

Five clinical guidelines for treatment of arterial hypertension have been found:

- Polish Society of Hypertension (Polskie Towarzystwo Nadciśnienia Tętniczego, PTNT) 2019;
- European Society of Hypertension/European Society of Cardiology (ESH/ESC) 2018;
- American College of Cardiology/American Heart Association (ACC/AHA) 2017;
- Hypertension Canada (HC) 2018;
- National Institute for Health and Care Excellence (NICE) 2019;

The identified guidelines list 5 main therapeutic groups recommended for the treatment of hypertension: thiazide- or thiazide-like diuretics, beta-adrenolytics, calcium antagonists (calcium channel blockers, CCB), angiotensin converting enzyme inhibitors (ACEi) and AT1 angiotensin receptor blocking drugs (ARB, sartans).

The majority of the identified guidelines (PTNT, ESH/ESC, HC) recommend starting the HT therapy with two-component combination therapy: ACEi or ARB + thiazide-like/thiazide diuretic or CCB, underlining that monotherapy should be considered only in specific cases. If the combination of two drugs fails, including a third drug is recommended to achieve one of the following combinations: ACEi or ARB + thiazide-like/thiazide diuretic + CCB. The inclusion of an additional drug (other than those listed as non-compound drugs, e.g. spironolactone) is not recommended before third-line treatment.

4 out of 5 identified guidelines indicate STC as the preferred form of multicomponent treatment.

It is worth noting that the Polish PTNT 2019 guidelines consider chronotherapy of arterial hypertension to be justified in some patients. The benefits of administrating sartans and ACEi drugs in the evenings have been mentioned. However, it has been underlined that the use of a product consisting of these substances and dihydropyridine CCB is not problematic in such a case, as regardless of the time of day in which it is administered, amlodipin demonstrates an equal hypotensive effect throughout the day. No reference was made to the effect of diuretics in this scheme. It should be noted that the SPC for Valtricom recommends administering the drug in the morning.

The conducted search failed to identify any reimbursement recommendations regarding Valtricom. However, 3 recommendations concerning Exforge HCT, a compound drug containing amlodipine, valsartan and hydrochlorothiazide have been found:

- Haute Autorité de Santé (HAS) 2010 – in line with that document, the HAS does not recommend reimbursing Exforge HCT as a replacement therapy for the treatment of essential hypertension in adult patients whose blood pressure is properly controlled by the combination of AML, VAL and HCTZ administered in three separate products or in two products, one containing two active substances and the other containing the remaining active substance.

- HAS 2012 – in line with that document, the HAS recommends a 65% rate for reimbursing Exforge HCT as a replacement therapy for the treatment of essential hypertension in adult patients whose blood pressure is properly controlled by the combination of AML, VAL and HCTZ administered in three separate products or in two products, one containing two active substances and the other containing the remaining active substance.
- Pharmaceutical Benefits Advisory Committee (PBAC) 2010 – in line with that document, the PBAC recommends reimbursing Exforge HCT (amlodipine + valsartan + hydrochlorothiazide) in case of hypertensive patients in whom proper control has not been achieved with any combination of two active substances contained in Exforge HCT.

[information protected as a trade secret]

Legal basis for the recommendation

The recommendation was prepared on the basis of an order of the Minister of Health of 07/01/2020 (reference number: PLR.4600.1837.2019.2.MN; PLR.4600.1838.2019.2.MN; PLR.4600.1839.2019.2.MN), on preparing a recommendation of the President of the AOTMiT on the evaluation of the Valtricom drug (amlodipinum + valsartanum + hydrochlorothiazidum) in all indications registered as of the date of the Decision issuance, pursuant to Article 35 paragraph 1 of the Act of 12 May 2011 on the reimbursement of drugs, foodstuffs for particular nutritional purposes and medical devices (Journal of Laws of 2019, item 784, as amended), after having read the Position of the Transparency Council No. 21/2020 of 09 March 2020 on the evaluation of Valtricom (amlodipinum + valsartanum + hydrochlorothiazidum) in all indications registered as of the date of the Decision issuance

References

1. Position of the Transparency Council No. 21/2020 of 09 March 2020 on the evaluation of Valtricom (amlodipinum + valsartanum + hydrochlorothiazidum) in all indications registered as of the date of the Decision
2. Report No. OT.4330.2.2020. Application for reimbursement of Valtricom (Amlodipinum + Valsartanum + Hydrochlorothiazidum) in the indication: in all indications registered as of the date of the Decision