MINISTERSTVO ZDRAVOTNICTVÍ
ČESKÉ REPUBLIKY

SUMMARY REPORT

OF THE ADVISORY BODY FOR THE REIMBURSEMENT OF ORPHAN MEDICINAL PRODUCTS

Evaluation of application practice
(In the period from May 2022 to March 2025)

Department of the Office of the Minister
Prague, 6. May 2025

Ministry of Health, Palackého náměstí 375/4, 128 00 Prague 2
Tel./fax no.: +420 224 971 111, e-mail: podatelna@mzd.gov.cz, https://mzd.gov.cz

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Dear colleagues,

I am pleased to present to you the summary report on the activities of the Advisory Body for the Reimbursement of Orphan Medicinal Products for the first three-year term of office. This body plays a key role in ensuring the availability of innovative and effective medicines for patients suffering from rare diseases, thereby contributing to improving their quality of life.

The work of the members of the Advisory Body is not easy. The assessment requires a deep understanding of the disease, an assessment of the benefits of the medicine based on often limited data, and an evaluation of its impact not only on the disease itself, but also on the patient's environment, especially including informal carers and the social care system.

Thanks to the efforts and expertise of our members, we were able to review more than 30 applications and recommend approval of reimbursement for a number of medicinal products that provide new treatment options for patients with these rare diagnoses.

The work of the Advisory Body would not be possible without close cooperation with health insurance companies, professional societies and patient organisations. Together, we are setting up a system that is able to respond effectively to patients' needs and ensure that they receive the best possible care.

I thank all the members of the Advisory Body for their tireless work and dedication. Your efforts and expertise are invaluable and contribute to making the Czech Republic a leader in providing care to patients with rare diseases.

Sincerely,

Prof. MUDr. Vlastimil Válek, CSc., MBA, EBIR
Minister for Health

Dear readers,

I was honoured with the trust to commence the work of the Advisory Body in my role as Chairman immediately
upon its establishment. After three years, I can say with certainty that the existence of the Advisory Body is a step in the right direction. Each member thus brings his or her expertise, his or her point of view, to the resulting discussion. In my three years of experience, I am happy to say that all members, regardless of which of the above groups they vote on behalf of, have strived to make decisions in good conscience and in the interests of patients.
Healthcare is always an intersection between what we want and what we can technically do, what we can afford for financial reasons, and what will benefit the patient.

This last point is non-trivial: many of the drugs we are considering appear promising, but are firstly without robust statistical support given the situation: for rare diseases, it is usually by definition very difficult to design a study with a statistically significant sample of patients. Secondly, many of the drugs are so new that studies assessing patient status months or years later do not yet exist, nor can they at the date of the Advisory Body meeting. To this must be added the usually extremely high price of medicines, determined by the small number of patients with a given disease.

All of us on the Advisory Board accepted the challenge with a sense of responsibility that leads us to reflect more deeply on our mission and values in almost every assessment of a new drug. I want to assure you that as an advisory body to the Minister, we have always tried to bring not only professional expertise but also empathy and a broader perspective to the assessment of innovative solutions.
I trust that you will judge the results of our decisions objectively and with an understanding of the overall context of healthcare needs. We will continue to try to listen to the different views of all stakeholders in the Advisory Body and to seek common ground that brings us all together with the benefit of the patient in mind - salus aegroti suprema lex.

I thank all the members of the Advisory Body for their tireless work, the cultivated dialogue and the constructive atmosphere of our meetings.

Sincerely,

Mgr. et Mgr. Marek Vácha, Ph.D.
Chairman of the Advisory Body ORPHANY

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INTRODUCTION AND DESCRIPTION OF THE PROCESS

The Advisory Body for the Reimbursement of Orphan Medicinal Products (hereinafter referred to as the AB)[1] was established to **provide a reasoned basis for a binding opinion** according to Section 17 (2) of Act 48/1997 Coll., on Public Health Insurance and on amendments and supplements to certain related acts, as amended (hereinafter referred to as the "Act" or the "Act on Public Health Insurance") **for the determination of the maximum price and the** reimbursement price **and conditions of reimbursement of a medicinal product intended for the treatment of a rare disease within the meaning of Section 39da of the Act**.

The administrative procedure under Section 39da of the Act on Public Health Insurance, as the official name of the procedure for the assessment and determination of reimbursement specifically for orphan medicinal products (OMP), has introduced into practice a division of the approval process into two phases. The first phase is the assessment, which is provided by the State Institute for Drug Control (hereinafter referred to as SIDC or the Institute), and the appraisal, which is the responsibility of the Ministry of Health.

It is in the Ministry of Health that the new Advisory Body operates for the purposes of the above procedure with effect from November 4th, 2021. Members of the Advisory Body are appointed and dismissed by the Minister of Health from among representatives of the state, health insurance companies, professional societies and patient organisations.

The representatives of the state is proposed by the Ministry, the representatives of professional societies is proposed by the management of the Czech Medical Association of Jan Evangelista Purkyně (hereinafter referred to as ČLS JEP), the representatives of patient organisations is proposed by the Patients' Council[2] in consultation with Rare Diseases Czech Republic and the representatives of health insurance companies is proposed by the management of the General Health Insurance Company (hereinafter referred to as VZP) and the management of the Association of Health Insurance Companies (hereinafter referred to as SZP). All members of the Advisory Body shall sign a declaration of interest statement.

The Minister's appointment decrees provided for a three-year mandate for the first plenary of sectoral representatives, with two representatives from each stakeholder group nominated from the plenary for specific meetings each time, i.e. two state representatives, two representatives of professional societies, two representatives of health insurers (one from SZP and one from VZP) and two representatives of patient organisations.

The scenario for the oral hearing by the Advisory Body is as follows. At the opening part of the hearing, representatives of the Institute (rapporteurs) are invited to summarise the course of the proceedings to date (the Assessment Report including evidence collected, reactions of the parties, etc.) and answer questions from the members of the AB. This is followed by

[1] Portal of advisory bodies, working groups and expert committees of the Ministry of Health
[2] News - Portal for patients and patient organisations

representatives of marketing authorisation holders (MAH) and/or applicants (which may be health insurance companies) who present the rationale for the appropriateness of the reimbursement price and conditions of reimbursement and answer questions from the AB members. Afterwards, the rapporteurs and MAH representatives leave the meeting, and a debate takes place with a discussion of all the circumstances of the case in accordance with the assessment criteria following the wording of Section 39da.

In the procedure for determining the reimbursement price **and conditions of reimbursement for a medicinal product intended for the treatment of a rare disease, the following is considered:**

a) *its therapeutic efficacy and safety,*
b) *the severity of the disease it is intended to treat,*
c) *its substitutability by other treatments covered by health insurance,*
d) *the societal importance of the possibility of therapeutic influence on the disease it is intended to treat and the impact of treatment on the health insurance and social security system,*
e) *its demonstrable contribution to improving the patient's quality of life,*
f) *realistic options for ensuring the delivery of successful and effective treatment within the network of health service providers,*
g) *recommended practices of professional institutions and relevant professional societies,*
h) *the conditions for its reimbursement from health insurance funds proposed in the application, including any agreements concluded by the marketing authorisation holder and health insurance companies limiting the impact on health insurance funds or regulating the sharing of risks related to the efficacy of the medicinal product in clinical practice,*
i) *cost-effectiveness analysis, but without taking into account its result in the form of incremental cost-benefit ratio; and*
j) *the expected budgetary impact in the public interest according to Section 17(2).*

In accordance with Section 39da, the AB may proceed as follows:

a) *The AB will recommend that reimbursement be set at the* reimbursement price *and under the conditions specified in the Institute's assessment report*
b) *The AB recommends that reimbursement be set at a different* reimbursement price *or under different conditions than those stated in the Institute's assessment report*
   In such a case, the applicant is invited by the Institute to comment after the binding opinion has been issued. If it agrees to the new reimbursement price/conditions, the reimbursement will be set at the new reimbursement price/new conditions. If the applicant does not agree to the new reimbursement price/conditions, reimbursement will not be determined
c) *The AB will not recommend reimbursement*
   After a negative binding opinion of the Minister of Health has been issued (according to Section 39da (9)), the applicant cannot submit a new application in the same matter for another 6 months after the final conclusion of the administrative procedure.

A final reimbursement decision is issued by the Institute in an accordance with the biding opinion of the Ministry.

TIMELINE OF THE ADVISORY BODY

2022

- The new Section 39da of the Act on Public Health Insurance entered into force.
- In August 2022, the first ever oral hearing of the AB regarding the medicinal product **SPINRAZA** for the treatment of spinal muscular atrophy (SMA) took place. On the basis of the recommendation of the AB, the Ministry issued a positive binding opinion.

2023

Discussions were held during 2023 for the medicinal products listed below:

- **ASPAVELI** is indicated for the treatment of paroxysmal nocturnal hemoglobinuria (PNH).

  The AB recommended a reimbursement determination, but on different terms than the Institute proposed. The Ministry issued a negative binding opinion in accordance with the recommendation of the AB.

- **ONIVYDE PEGYLATED LIPOSOMAL** was indicated for the treatment of patients with metastatic pancreatic adenocarcinoma who have progressed on gemcitabine-based therapy.

  The AB recommended setting the reimbursement as proposed by the Institute. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **TREPULMIX** was indicated for the treatment of adult heart failure patients with NYHA functional class III or IV according to the WHO classification with inoperable chronic thromboembolic pulmonary hypertension (CTEPH) or persistent or recurrent CTEPH after surgical treatment.

  The AB unanimously recommended the determination of reimbursement. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **VYNDAQEL** was indicated for the treatment of hereditary transthyretin amyloidosis or wild-type transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM).

  The AB recommended setting reimbursement under different conditions. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **EVRYSDI** was indicated for the treatment of spinal muscular atrophy associated with the long arm of chromosome 5 (SMA).

  The AB recommended setting reimbursement under different conditions than the Institute proposed. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **VOXZOGO** was indicated for the treatment of achondroplasia in patients over 2 years of age whose epiphyses are not closed.

  The AB recommended that reimbursement be set at the terms proposed by the Institute, but at a different reimbursement price. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **KIMMTRAK** was indicated in monotherapy for the treatment of adult patients with unresectable or metastatic uveal melanoma who are human leukocyte antigen (HLA)-A*02:01 positive and have an ECOG performance status of 0-1 who have not previously been treated with systemic anticancer therapy for unresectable or metastatic disease. The AB did not recommend that reimbursement be determined. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **KOSELUGO** was indicated for the treatment of patients aged 3 to 18 years with stable and progressive neurofibromatosis type 1 who have inoperable plexiform neurofibromas.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **CRYSVITA** was indicated for the treatment of X-linked hypophosphatemia ("XLH") in children and adolescents aged 1 to 17 years with radiographically proven bone disease and in adults.

  The AB recommended that reimbursement be set at the reimbursement price

  and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **FINTEPLA** was indicated for the treatment of epileptic seizures associated with Dravet syndrome as adjunctive therapy to other antiepileptic drugs in patients 2 years of age and older.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **ADCETRIS** was indicated for the treatment of adult patients with CD30+ Hodgkin lymphoma at increased risk of relapse or progression after autologous stem cell transplantation.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **TAKHZYRO** is indicated for the routine prevention of recurrent attacks of hereditary angioedema (HAE) in patients aged 12 years and older.

The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **KIMMTRAK** was indicated in monotherapy for the treatment of adult patients with unresectable or metastatic uveal melanoma who are human leukocyte antigen (HLA)-A*02:01 positive and have an ECOG performance status of 0-1 who have not previously been treated with systemic anticancer therapy for unresectable or metastatic disease.

  The AB did not recommend that reimbursement be determined. The Ministry issued a binding opinion in accordance with the recommendation of the AB[3].

- **KAFTRIO** was indicated in a combination regimen with ivacaftor for the treatment of cystic fibrosis in patients aged 6 years and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **CABLIVI** was indicated for the treatment of adults and adolescents aged 12 years and older with a body weight of at least 40 kg with an episode of acquired thrombotic thrombocytopenic purpura (aTTP) in association with plasma exchange (TPE) and immunosuppression, manifested by decreased platelet count, hemolytic anemia, and organ damage.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

2024

Discussions were held during 2024 for the medicinal products listed below:

- **EPIDIOLEX** was indicated for the adjuvant treatment of epileptic seizures associated with Lennox-Gastaut syndrome (LGS), Dravet syndrome (SD) and tuberous sclerosis complex (TSC) in patients 2 years of age and older.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

[3] Second hearing of the same submission following the decision of the Review Commission of the Ministry of Health.

- **COLUMVI** was indicated in monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after at least two lines of systemic therapy.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **KINPEYGO** was indicated for the treatment of primary IgA (immunoglobulin A) nephropathy (IgAN) in adults at risk of rapid disease progression with a urine protein-to-creatinine ratio ≥ 1.5 g/gram.

  The AB recommended that reimbursement be set according to the Institute's proposal. The Ministry deviated from the recommendation and issued a negative binding opinion.

- **REVESTIVE** was indicated for the treatment of patients from 4 months of corrected gestational age with short bowel syndrome.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **SOLIRIS** was indicated in the treatment of refractory generalised myasthenia gravis ("MG" or "gMG") in adult patients who have antibodies to the acetylcholine receptor.

  The AB recommended that reimbursement be set according to the Institute's proposal. The Ministry deviated from the recommendation and issued a negative binding opinion.

- **VYVGART** was indicated for the treatment of generalised myasthenia gravis in adult patients
  who have antibodies to the acetylcholine receptor.

  The AB recommended that reimbursement be set according to the Institute's proposal. The Ministry deviated from the recommendation and issued a negative binding opinion.

- **LIVTENCITY** was indicated for the treatment of cytomegalovirus (CMV) infection and/or disease that is refractory (with or without resistance) to one or more prior therapies that included ganciclovir, valganciclovir, cidofovir, or foscarnet in adult patients who have undergone hematopoietic stem cell transplantation (HSCT) or solid organ transplantation (SOT). In the reimbursement conditions, it is also proposed to provide reimbursement for a situation where "the treatment of first choice cannot be used", which is not listed in the current SmPC (off label indication).

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **AYVAKYT** was indicated for the treatment of adult patients with aggressive systemic mastocytosis, systemic mastocytosis with associated hematologic neoplasm, or mastocytic leukemia after at least one systemic treatment.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **HEPCLUDEX** was indicated for the treatment of hepatitis delta virus infection in adult patients with compensated liver disease.

  The AB recommended that reimbursement be set at the reimbursement price and under the terms of the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **AMVUTTRA** was indicated for the treatment of hereditary transthyretin amyloidosis in adult patients with stage 1 or stage 2 polyneuropathy. The AB did not recommend that reimbursement be determined. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **ISTURISA** was indicated for the treatment of endogenous Cushing's syndrome in adult patients.

  The AB did not recommend that reimbursement be determined. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **BYLVAY** was indicated for the treatment of progressive familial intrahepatic cholestasis (PFIC) in patients aged 6 months and older.

  The AB recommended that reimbursement be set under different conditions than those stated in the Institute's assessment report. The Ministry deviated from the recommendation and issued a negative binding opinion.

2025

During 2025, the following medicines have been discussed so far[4]:

- **FINTEPLA** was indicated for the treatment of epileptic seizures associated with Dravet syndrome and Lennox-Gastaut syndrome as adjunctive therapy to other antiepileptic drugs in patients 2 years of age and older.

  The AB recommended that reimbursement be set according to the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

[4] Status up to the issuing of the Summary Report

- **ASPAVELI** was indicated for the treatment of paroxysmal nocturnal hemoglobinuria (PNH) in adult patients who have hemolytic anemia.

  The AB recommended that reimbursement be set according to the Institute's proposal. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

- **SKYCLARYS** was indicated for the treatment of Friedreich's ataxia (FRDA) in adults and adolescents aged 16 years and older.

  By a majority vote, the AB did not recommend the determination of reimbursement. The Ministry issued a binding opinion in accordance with the recommendation of the AB.

KEY LESSONS LEARNED FROM THE ADVISORY BODY'S PRACTICE

One of **the first problematic areas** identified by the members of the Advisory Body in the context of the present evaluation was the **absence of a cost-effectiveness assessment with a comparison of other medicines used in the given diagnosis.** In the binding opinion, the members of the AB formulated the requirement that each application for reimbursement of the OMP for which there are comparators covered by public health insurance (whether with reimbursement determined in administrative proceedings or in the regime under Section 16 (exceptional reimbursement in individual case) of the Act) must include a cost-effectiveness analysis[5].

In the same opinion, the Ministry, in accordance with the Advisory Body's recommendation, requested that **a reassessment of the** reimbursement price **and terms of reimbursement of the OMP SPINRAZA be carried out within 24 months at the latest**. Furthermore, the Ministry recommended that **the Institute monitor the situation in the treatment of SMA** and, if any of the conditions pursuant to Section 39da (11) of Act No. 48/1997 Coll. are met, reconsider the decision on the determination of the reimbursement price and conditions of reimbursement for the OMP SPINRAZA.

The second discussed submission then **identified additional issues** that prevented the OMP ASPAVELI[6] from being recommended for inclusion in the reimbursement system, which were described in the binding opinion for the future. Upon review of the budget impact analysis, it was determined that **the budget impact analysis submitted did not meet the Institute's standards** and included an unjustified overestimate of the number of patients. The Institute did its own calculation, which showed that the cost of treatment would be higher than the analysis indicated. No contract was concluded on cost containment between the marketing authorisation holder and health insurance companies. The assessment report contained uncertainties, such as the decrease in treatment costs over time as the number of patients increased. Because of the **existence of the uncertainties described above regarding the actual impact on the public health insurance budget,** the Ministry could not, having exercised due diligence, agree with the determination of the reimbursement.

For some products, the Advisory Body called for the **development of clinical recommendations by professional societies at the national level to guide the use of reimbursed medicines** [7,8,9,10]**.** The Ministry agreed with the proposal of the Advisory Body and in its binding opinion also formulated the requirement that **the administration of the**

[5] Binding opinion on the MPRD SPINRAZA
[6] Binding opinion on the MPRD ASPAVELI (2023)
[7] Binding opinion on the MPRD EVRYSDI
[8] Binding opinion on the MPRD LIVTENCITY
[9] Binding opinion on the MPRD AYVAKYT
[10] Binding opinion on the MPRD HEPCLUDEX

treatment) should include cooperation with local health service providers in long-term treatment and participation of health insurance companies.

In one case, the Advisory Body found that the proposed price of a medicinal product did not correspond to the price at which it is reimbursed through Section 16 of the Act. As the publicly accessible register of contracts contained the prices that were used / up to date for the product at the time of discussion, **the proposal for reimbursement from public health insurance was harmonised with the practice**[11].

In practice, the Advisory Body also drew attention to the fact that if a medicinal product is subject to the reimbursement price **and conditions of reimbursement set** by the Institute on the basis of a binding opinion of the Ministry**, and according to the SmPC**[12] **it is administered in combination with other medicinal products** that have not been requested to be included in the reimbursement, this means that the process, which was supposed to be standardised and simplified by this reimbursement pathway (so-called third path), **will not be suitable for these combinations of medicines** and, in practice, an individual reimbursement process will continue to be necessary, which is conducted by the relevant health insurance company for each insured person separately, and it will not be possible to anticipate a specific decision in all cases[13].

During the course of the Advisory Body's work, the **Ministry deviated from the Advisory Body's recommendations in several cases in its binding opinion**. There is no one specific reason why this happened, in such cases it was a combination of several reasons in their interaction. For further explanation, it is necessary to refer to the reasoning of the individual binding opinions [14,15,16]. In these cases, the **negative binding opinions** were challenged by the applicants, often on the grounds that the applicant had entered into contractual arrangements with the health insurers. In this regard, the Ministry states that even the conclusion of such a contract does not automatically ensure the financial stability of the public health insurance system in connection with the entry of the interventions under assessment into the reimbursement system and an acceptable impact on the public health insurance budget.

The Ministry **usually deviated from the Advisory Body's recommendations when it found significant limitations preventing the assessment of the cost-effectiveness analysis and the expected budgetary impact in combination with high treatment costs, despite the contractual arrangements with health insurance companies.** In such a case, aware of its responsibility to provide health services to all insured persons in the Czech Republic, **it did not**

[11] Binding opinion on the MPRD VOXZOGO
[12] Summary of Product Characteristics
[13] Binding opinion on the MPRD KAFTRIO
[14] Binding opinion on the MPRD KINPEYGO
[15] Binding opinion on the MPRD SOLIRIS
[16] Binding opinion on the MPRD VYVGART

consider the approval of reimbursement of the medicinal products in question to be in the public interest. It recommended maintaining the current practice of the procedure under Section 16 of the Act on Public Health Insurance, which allows for an individual assessment of the appropriate treatment given to the specific condition of each individual patient, as a more responsible approach.

During its first term, **the Institute accommodated the specific requirements of the Advisory Body** and made a **number of modifications to the format of the assessment report**, over and above the statutory requirements.

These were mainly the following modifications:

- Preparation of an initial summary of the assessment report (hereinafter also referred to as the "AR"), in which the critical conclusions from a clinical point of view are highlighted in the structure according to the statutory parameters;
- In the AR, a table "Summary of the economic parameters of the OMP" was added, which was gradually refined based on discussions with the members of the Advisory Body according to their needs;
- The AR was supplemented with an assessment of comparative effectiveness, and a paragraph at the end of the comparative effectiveness/safety chapter provides a critical assessment of whether the OMP is more/less/comparably effective as a comparator;
- in the AR chapter on the effect of treatment on quality of life, it is indicated whether it has been demonstrated in the short/long term;
- at the request of the Advisory Body, the assessment of foreign agencies is added to the AR in the section "Assessment of foreign agencies";
- the Advisory Body is provided with a comparison of the currently reimbursed treatment option and considering commercial confidentiality. The document "Supplementary information for the Advisory Body on the OMP" is sent as a special annexe - i.e. beyond the scope of the file - it is a service for the Advisory Body only (not available to the participants in the administrative procedure);
- in the cost-effectiveness analysis section of the AR, Markov chain trace plots are provided, where publicly available, that graphically illustrate the transitions between health states over the selected time horizon. To make the modelling more familiar, a basic graphical representation of the pharmacoeconomic model with a description of the individual states of health will also be presented (in an attempt to show how the model works);
- in the budgetary impact section of the AR, a section describing the costing method is provided for the intervention being assessed - subheading: Method of calculating the cost of the intervention being assessed, showing the exact calculation procedure and inputs (number of patients and costs), to allow AB members to recalculate the budgetary impact

assessment (BIA) themselves if they wish - again, this was developed in response to a discussion with members of the Advisory Body;

- at the request of the Advisory Body, the Institute is providing a summary of references in a separate file so as to eliminate the complexity of document retrieval in the file;
- the Institute attempts to make the assessment as clear as possible, explaining more and giving specific conclusions on the impacts of possible changes.

CONCLUSION

The Department of the Office of the Minister would like to thank all members of the Advisory Body for their careful thorough? and responsible preparation for each meeting, and for the high culture of cooperation in striving to find the best solution regarding the needs of patients and the financial sustainability of the health system.

From the outset, the members of the Advisory Body have always worked as a team, complementing each other and conducting professional discussions in a sophisticated, responsible, sensitive and well-considered manner.

Many thanks also to all the Institute representatives involved for their helpful cooperation and patience
in answering many questions. We would also like to thank the Institute for the preparation and implementation of the HTA training series[17], which will continue in the coming period.

Last but not least, it is necessary to thank all the cooperating colleagues from the Ministry who provide assistance in consultations within their areas of expertise.

The Ministry and the Advisory Body will always act responsibly in view of the limited financial resources available to the public health insurance system.

The question of the development and financing of health care will therefore always be about finding a balance between an appropriate level of state regulation and maintaining a free market.

[17] Health technology assessment