HAUTE AUTORITÉ DE SANTÉ

The legally binding text is the original French version

TRANSPARENCY COMMITTEE

OPINION

2 June 2010

Reassessment of the proprietary drug included on the list of reimbursable products for a period of 5 years starting from 30 December 2006 (JO [Official Gazette] of 29 April 2009)

REBIF 22 µg/0.5 mL solution for injection
Prefilled syringe B/12 (CIP code: 347 417-0)

REBIF 44 µg/0.5 mL solution for injection
Prefilled syringe B/12 (CIP code: 350 809-3)

Joint renewal of the following medicinal products:

REBIF 8.8 µg/0.2 mL solution for injection in prefilled syringe and REBIF 22 µg/0.5 mL, solution for injection in prefilled syringe
6 prefilled 0.2 mL glass syringes with stainless steel needle - 6 prefilled 0.5 mL glass syringes with stainless steel needle (CIP code: 375 902-7)

REBIF 22 µg/0.5 mL solution for injection in cartridge
4 glass 1.5 mL cartridges (CIP code: 393 146-6)
REBIF 44 µg/0.5 mL solution for injection in cartridge
4 glass 1.5 mL cartridges (CIP code: 393 147-2)
REBIF multidose cartridges are administered with the REBISMART electronic autoinjector device

Applicant: MERCK SERONO

Interferon beta-1a
ATC code: L03AB07

List I

Exception drug status
Initial prescription and renewal by neurology specialists only
Medicine requiring special monitoring during treatment.

Date of Marketing Authorisation and variations of Marketing Authorisation: 4 May 1998, 1 February 1999, 29 March 1999 (REBIF 44 µg), 21 November 2001, 19 January 2006 (REBIF 8.8 µg / 22 µg), 31 May 2006

Reason for request: Reassessment of inclusion on the list of drugs reimbursed by National Health Insurance and of the improvement in actual benefit of beta interferons and glatiramer acetate indicated in multiple sclerosis.

Therapeutic indications:

"REBIF is indicated for the treatment of relapsing multiple sclerosis.
In clinical trials, this was characterised by two or more acute exacerbations in the previous two years.
Its efficacy has not been demonstrated in patients with secondary progressive multiple sclerosis without ongoing relapse activity."

Dosage: see SPC

The Transparency Committee has reassessed beta interferons and glatiramer acetate in multiple sclerosis. The available clinical data and experience of beta interferons in multiple sclerosis in daily practice since commercialization do not make it possible to differentiate between them in terms of actual benefit and improvement in actual benefit (IAB). According to the enclosed report, the Committee concluded:

Actual benefit

Multiple sclerosis is an incapacitating, progressive, chronic neurological disorder. It involves selective, chronic inflammation and demyelinisation of the central nervous system. It causes multiple deficits which vary according to progress of the disease and the individual, including motor and sensory disorders and sensory, bladder and sphincter, sexual, cognitive function and mood disorders. These disorders may considerably reduce patients' autonomy and impair their quality of life.
The disease varies considerably in severity, with benign forms which cause disability and severe forms which lead to major disability within a few years.

REBIF is a medicinal product intended to prevent acute exacerbations and progression of disability.

The efficacy of the product is relatively modest: the frequency of acute exacerbations is decreased by 30% and progression of disability is slightly slowed in the short term. Efficacy against long-term progression of disability remains unclear and no criteria for discontinuing treatment have been established, but its safety profile is acceptable. It has a high efficacy/adverse effects ratio.

Alternative medicinal products exist.

Public health benefit:

> The public health burden of MS is moderate. Improvement in the treatment of MS is a public health need which is an established priority (French 2004 Law on Public Health).
> In view of the available data, the medicinal product REBIF has an impact on morbidity (frequency of acute exacerbations). This impact is low. The product therefore provides a partial response to an identified public health need.
> The public health benefit contributed by REBIF in MS is therefore low.

The actual benefit of this medicinal product remains substantial.

Improvement in actual benefit:

In view of the absence of demonstrated long-term efficacy against disability provided by the medicinal product REBIF, the improvement in actual benefit is level III in the treatment of patients with multiple sclerosis.

The Transparency Committee recommends maintaining inclusion on the list of medicines reimbursed by National health Insurance in the indications and at the dosages given in the marketing authorisation:

Packaging: appropriate for the prescription conditions.

Reimbursement level: 65%

Medical, Economic and Public Health Assessment Division