HAUTE AUTORITÉ DE SANTÉ

DIABETOLOGY
New medicinal product
October 2014

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

BYDUREON (exenatide), antidiabetic

No clinical added value demonstrated in the treatment of type 2 diabetic patients when compared with treatment alternatives

Main points

- BYDUREON is a GLP-1 analogue and has Marketing Authorisation in the treatment of type 2 diabetes in combination with metformin, sulfonylureas, metformin and a sulfonylurea, in adults who have not succeeded in adequately controlling their blood sugar levels with the maximum tolerated doses of these oral treatments.
- Its prolonged-release formulation allows for a single weekly subcutaneous injection.
- There was no demonstrable clinical benefit compared with other antidiabetics. It is not possible from the studies to assess how efficacious it is in each of its indications.

Therapeutic use

- According to the HAS guidelines for the management of type 2 diabetes, the generally recommended strategy is as follows:
  - monotherapy with metformin,
  - then, dual therapy with a combination of metformin and a sulfonylurea.
- If the target blood sugar level is not achieved despite dual therapy with metformin and a sulfonylurea, the use of GLP-1 analogues should only be contemplated in certain specific circumstances.

Role of the medicinal product in the therapeutic strategy

When starting BYDUREON treatment, it is recommended to administer it in a dual therapy regimen (in combination with metformin or a sulfonylurea) or triple therapy (in combination with metformin and a sulfonylurea) in specific situations where the deviation from target is greater than 1% HbA1c, the BMI ≥ 30 kg/m^2, or if the weight gain on insulin or the occurrence of hypoglycaemia are a matter of concern.
BYDUREON is not recommended for use in patients with moderate, severe, or end-stage renal failure.

Clinical data

- The efficacy and safety of exenatide in weekly administration in type 2 diabetes were evaluated in five controlled, phase III studies versus an active comparator in which the primary endpoint was the variation in HbA1c. With the inclusion, in four of the five studies, of heterogeneous groups of patients and with, depending on the study, patients treated by diet and lifestyle measures alone, by monotherapy, or by dual therapy, it is impossible to assess the quantity of effect and safety of BYDUREON in each of its three indications.
- The most common adverse effects were nausea, vomiting, and diarrhoea, as well as injection site adverse reactions (pruritus, erythema, and nodules).

Benefit of the medicinal product

- The actual benefit* of BYDUREON is substantial.
- Despite the existence of five comparative studies that evaluated the efficacy and safety of BYDUREON versus active comparators and due to methodological weaknesses and the heterogeneity of the patients included in four of them, the quantity of effect and safety profile of BYDUREON in each of its three indications cannot be assessed. Consequently, the Committee considers that BYDUREON does not provide a clinical added value** (CAV V, none) in the treatment of patients with type 2 diabetes.
- Recommends inclusion on the list or reimbursable products for supply by pharmacists and for hospital use.

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This document was created on the basis of the Transparency Committee Opinion of 22 October 2014 (CT-13127) and is available at **www.has-sante.fr**

* The actual benefit (AB) of a proprietary medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the AB, which can be substantial, moderate, low or insufficient for reimbursement by the National Health Insurance.

** The clinical added value (CAV) describes the improvement in treatment provided by a medicinal product compared with existing treatments. The HAS Transparency Committee assesses the degree of CAV on a scale from I (major) to IV (minor). A level V CAV means “no clinical added value”.