HAUTE AUTORITÉ DE SANTÉ

NEUROLOGY
New indication
December 2014

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

ZONEGRAN (zonisamide), antiepileptic

No clinical benefit demonstrated in the adjuvant treatment of partial epilepsy in children and adolescents over the age of 6 years compared with other antiepileptic drugs.

Main points

- ZONEGRAN now has Marketing Authorisation in combination in the treatment of partial seizures with or without secondary generalisation in adolescents and children over the age of 6 years.
- The response rate in children and adolescents at 12 weeks was higher with zonisamide than that observed with placebo.
- This rate is close to the one obtained in adults.
- The safety profile of ZONEGRAN in children and adolescents is similar to that observed in adults with however, in children, a greater incidence of pneumonia, dehydration, oligohidrosis and abnormal liver function.

Pre-existing indications

- ZONEGRAN already has Marketing Authorisation in the treatment of partial onset seizures with or without secondary generalisation, in combination in adult patients, and as monotherapy in adult patients with newly diagnosed epilepsy
- This summary does not cover these indications.

Therapeutic use

In the management of partial epilepsy, newly or recently diagnosed, monotherapy is recommended in the first line. If the therapy fails, despite appropriate dosage and treatment adherence, another antiepileptic monotherapy should be considered.
It is recommended that bitherapy be used only after at least two monotherapies have failed at the maximum tolerated dose.
If one or more bitherapies fail, it is recommended to re-assess the epilepsy and its treatment at a specialist centre.

- **Role of the medicinal product in the therapeutic strategy**

ZONEGRAN is an additional drug for combination treatment of partial seizures, with or without secondary generalisation, in adolescents and children over the age of 6 years.

Clinical data

- In a randomised, double-blind trial, the response rate in children and adolescents taking zonisamide at 20 weeks (8 weeks of dose adjustment + 12 weeks of maintenance) was higher than placebo with a difference of 19% in favour of zonisamide (95% CI [5.0-31], p = 0.0044).

- An extension study (1.2 years) and a pooled analysis of clinical studies assessed the safety of ZONEGRAN in children and adolescents. The incidence of the following adverse events was higher in children than in adults: pneumonia (3.8 versus 1.6%), dehydration (2.3% versus 0.2%), oligohidrosis (2.3% versus 0%) and abnormal liver function (increase in GGT: 2.0% versus 0.2%; increase in ALAT: 2.3 % versus 0.3 %; increase in ASAT: 1.8 % versus 0.1 %).

Benefit of the medicinal product

- The actual benefit of ZONEGRAN is substantial in this indication.

- ZONEGRAN does not provide clinical added value (CAV)** (level V) compared with other antiepileptic drugs used in combination in the treatment of partial seizures with and without secondary generalisation in adolescents and children over the age of 6 years and at the dosages in the Marketing Authorisation

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This document was created on the basis of the Transparency Committee Opinion of 17 December 2014 (CT-13699) and is available at **www.has-sante.fr**

[i] * 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 for hospital use.

** 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 improvement".