HAUTE AUTORITÉ DE SANTÉ

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

PLEGRIDY (peginterferon beta-1a), disease modifying therapy for multiple sclerosis

No clinical benefit demonstrated in the treatment of the relapsing-remitting multiple sclerosis (RRMS) compared with existing treatments

Main points

- PLEGRIDY has a Marketing Authorisation in the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS).
- It is an alternative to other first-line disease modifying therapies indicated in RRMS.
- Its efficacy versus placebo has been demonstrated. PLEGRIDY, administered subcutaneously once every 2 weeks, has not shown any clinical added value compared with available therapies.

Therapeutic use

- The first-line disease modifying treatment for RRMS is based on:
  - interferon beta-1a (AVONEX and REBIF), interferon beta-1b (BETAFERON and EXTAVIA) and glatiramer acetate (COPAXONE). These treatments are administered subcutaneously (BETAFERON, EXTAVIA, REBIF, COPAXONE) or intramuscularly (AVONEX) at rhythms varying from one to seven injections per week;
  - two treatments administered orally: teriflunomide (AUBAGIO) and dimethyl fumarate (TECFIDERA).
- **Role of the medicinal product in the therapeutic strategy**
  PLEGRIDY is the first peginterferon beta indicated in RRMS, as an alternative to other treatments. Compared with other beta interferons and glatiramer acetate, its frequency of administration is reduced to one subcutaneous injection every 2 weeks.

Clinical data

- A randomised double-blind study compared the efficacy of peginterferon beta-1a with placebo for 1 year in patients with RRMS. The annualised relapse rate and the risk of disability progression were reduced compared with placebo:
  - the annualised relapse rate was 0.256 (95% CI: [0.206 to 0.318]) in the peginterferon beta-1a administered every 2 weeks group and 0.397 (95% CI: [0.328 to 0.481]) in the placebo group, corresponding to a 36%relative reduction in the annualised relapse rate in the peginterferon beta-1a group compared with the placebo group (relative risk [RR]: 0.644; 95% CI: [0.500 to 0.831]);
  - the percentage of patients with disability progression at 1 year with a 12 weeks confirmed progression of the EDSS (Expanded Disability Status Scale; permits the assessment of the severity of the disability) was estimated at 0.068 in the peginterferon beta-1a administered every 2 weeks group and 0.105 in the placebo group, corresponding to a 38% reduction of the relative risk of disability progression over 1 year in the peginterferon beta-1a group compared with the placebo group (HR: 0.62; 95% CI: [0.40 to 0.97]); in a post-hoc analysis, the risk of disability progression with a 24 weeks confirmed progression of the EDSS was also reduced compared with placebo.
- In a network meta-analysis, no difference between PLEGRIDY and the other disease modifying therapies was observed on the annualised relapse rate and the risk of disability progression.
- The most commonly reported adverse effects in patients treated with PLEGRIDY in the clinical studies were the injection site reactions and flu-like symptoms.

Special prescribing conditions

- Medicinal product requiring special monitoring during treatment.
- Prescription restricted to neurology specialists and departments.

Benefit of the medicinal product

- The actual benefit* of PLEGRIDY is substantial.
- PLEGRIDY does not provide clinical added value (CAV V) in the treatment of relapsing-remitting multiple sclerosis (RRMS).
- Recommends inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

* 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 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”.

HAUTE AUTORITÉ DE SANTÉ
This document was created on the basis of the Transparency Committee Opinion of April 15th, 2015(CT-14093) and is available at **www.has-sante.fr**