HAUTE AUTORITÉ DE SANTÉ

DERMATOLOGY
New medicinal product
September 2015

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

COSENTYX (secukinumab), anti-interleukin immunosuppressant

Minor improvement in the treatment of chronic severe plaque psoriasis by comparison with STELARA.

Main points

- COSENTYX has Marketing Authorisation in the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.
- Because of uncertainties about its long-term safety, it should be reserved for adults with chronic severe plaque psoriasis who have failed to respond to or tolerate, or present contraindications to, at least two systemic treatments such as methotrexate, acitretin, ciclosporin and phototherapy.
- Its efficacy in terms of PASI 90 response is superior to STELARA, which is an interleukin IL-12 and IL-23 inhibitor.

Therapeutic use

- Topical treatments are the first-line therapies. They may be used alone or in combination with systemic treatment or another topical treatment and are often used in combination with an emollient for skin hydration. There are several classes of topical treatment, including topical corticosteroids, vitamin D3 analogues and retinoids (vitamin A derivatives). Tars, anthralin and keratolytics are also used in some cases.
  Systemic treatments are used in moderate to severe forms of psoriasis. These include phototherapy, retinoids (sometimes administered in combination with phototherapy), methotrexate, ciclosporin and biological therapies (anti-TNFα and interleukin inhibitors). The anti-TNFα agents etanercept, infliximab and adalimumab and the interleukin IL-12 and IL-23 inhibitor ustekinumab must be reserved for patients with chronic severe forms of plaque psoriasis who have failed to respond to or tolerate, or present contraindications to, at least two systemic treatments including ciclosporin, acitretin, methotrexate and phototherapy.
  The current treatment strategy is “rotational” among the various alternatives; the choice of treatment is guided by the characteristics of the patient and the disease (concomitant pathologiy, extent of the lesions, treatment history) and the proprietary medicinal product (adverse effects, cumulative dose).
- **Role of the medicinal product in the therapeutic strategy**

  Since there are other therapeutic alternatives if topical treatment is unsuccessful and uncertainties about the long-term safety of secukinumab, COSENTYX should be reserved for the treatment of adults with chronic severe plaque psoriasis who have failed to respond to or tolerate, or present contraindications to, at least two standard systemic treatments such as methotrexate, acitretin, ciclosporin and phototherapy.

Clinical data

- The efficacy and safety of secukinumab have been evaluated in five randomised double-blind studies, of which three were versus placebo and two versus an active comparator (one versus placebo and etanercept, the other versus ustekinumab). The adults included in these studies had chronic plaque psoriasis that had been inadequately controlled by topical treatments and/or phototherapy and/or previous systemic treatment. The patients treated with secukinumab had received a weekly dose of 300 mg up to week 4, followed by a monthly dose of 300 mg up to week 48.

  Secukinumab was found to be superior to placebo in terms of the percentage of responders achieving a PASI 75 response at week 12 (76 to 87% with secukinumab 300 mg versus 0 to 5% with placebo; $p < 0.0001$) and the

percentage of responders achieving an IGA response of 0 (clear) or 1 (almost clear) at week 12 (63 to 73% versus 0 to 2.4% with placebo; p < 0.0001), which were the two co-primary efficacy endpoints.
The PASI 75 response achieved at week 12 in the secukinumab group was maintained at week 52 in 80% of patients, as was the IGA response of 0 or 1 in 74.4% of patients (results of one study).
Secukinumab was superior to etanercept in terms of PASI 75 response at week 12 (77.1% versus 44%, p < 0.0001) and IGA response of 0 or 1 at week 12 (62.5% versus 27.2%, p < 0.0001).
Secukinumab was superior to ustekinumab in terms of the percentage of PASI 90 responders at week 16: 79.0% versus 57.6% (p < 0.0001).
In the subgroup analyses of patients who had failed to respond to standard systemic treatments, the percentage achieving a PASI 75 response at week 12 in the secukinumab 300 mg group was 78% versus 5.2% in the placebo group and 76.1% versus 41.1% in the etanercept group; the percentage achieving a PASI 90 response at week 16 was 75.4% in the secukinumab group versus 56.8% in the ustekinumab group. There are no specific data for the subgroup of patients who failed to respond to topical treatments versus standard systemic treatments.

- The safety profile of secukinumab was similar to the one observed for etanercept or ustekinumab (primarily nasopharyngitis, candidiasis). The potential cardiovascular and tumorigenic risks need to be assessed in the long term.

Special prescribing conditions

- Medicine for initial annual hospital prescription.
- Initial and renewal prescription restricted to specialists in dermatology or internal medicine.

Benefit of the medicinal product

In the treatment of adults with chronic severe forms of plaque psoriasis who have failed to respond to at least two standard systemic treatments such as methotrexate, acitretin, ciclosporin and phototherapy or in whom such treatments are contraindicated or not tolerated:

- the actual benefit* of COSENTYX is substantial and is insufficient in other forms;
- COSENTYX provides minor clinical added value** (CAV IV) by comparison with STELARA.
- Recommends inclusion on the list of 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 16 September 2015 (CT-14295) 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 clinical added value".