HAUTE AUTORITÉ DE SANTÉ

RHEUMATOLOGY
New medicinal product
May 2016

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

COSENTYX (secukinumab), anti-interleukin-17A immunosuppressant

No clinical benefit demonstrated by comparison with anti-TNF therapy and ustekinumab in the treatment of psoriatic arthritis

Main points

- COSENTYX has Marketing Authorisation, alone or in combination with methotrexate (MTX), for the treatment of active psoriatic arthritis in adult patients when the response to previous disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate.
- Its efficacy versus placebo has been demonstrated in terms of ACR 20 response (primary endpoint) in anti-TNF naïve patients (dosages of 150 and 300 mg) and in patients who have previously received one or more TNF inhibitors (300 mg dosage only). The effect on the progression of joint damage was not assessed at the recommended dosage regimens.
- As with ustekinumab, its place compared to TNF inhibitors in the treatment of psoriatic arthritis in case of failure of conventional non-biologic DMARD treatments cannot be specified due to the lack of comparative data and demonstration of a structural effect at the dosage regimens recommended by the Marketing Authorisation.

Pre-existing indications.[i]

COSENTYX has Marketing Authorisation in the treatment of moderate to severe plaque psoriasis in adults and active ankylosing spondylitis in adults.

Therapeutic use

- The treatment of psoriatic arthritis (PA) combines symptomatic treatment (NSAID with or without analgesics) with DMARDs.
  Among the DMARDs, there are conventional DMARDs such as methotrexate, leflunomide and sulfasalazine (without marketing authorisation) and, in case of failure, contraindication or intolerance to these, biologic DMARDs such as TNF inhibitors and interleukin inhibitors.
  The five TNF inhibitors currently available, adalimumab, etanercept, infliximab, golimumab and certolizumab pegol, have Marketing Authorisation in the treatment of PA. Due to the lack of direct comparison data, these agents cannot be ranked. In case of failure of a first TNF inhibitor, a switch to another TNF inhibitor may be considered.
  Ustekinumab, an interleukin-12 and interleukin-23 inhibitor, has Marketing Authorisation in PA only in case of failure of non-biologic DMARDs.
- When biologic treatments are not considered, there is apremilast, a phosphodiesterase type 4 inhibitor (PDE4), administered orally.
- **Role of the medicinal product in the therapeutic strategy**

  As with ustekinumab (STELARA), the place of COSENTYX compared to TNF inhibitors in the treatment of psoriatic arthritis cannot be specified in first-line biologic treatment, i.e. in case of failure of conventional non-biologic DMARDS given the lack of comparative data and demonstration of a structural effect at the dosage regimens recommended by the Marketing Authorisation.

[i] This summary does not cover this indication.

With more than 13 years of long-term data (Marketing Authorisation of etanercept dating from 2003) and given the demonstrated efficacy on joint damage with TNF inhibitors, the Transparency Committee believes that when biologic treatment is considered, TNF inhibitors should be favoured in first-line.

Whatever the indication concerned, there is a potential rare but serious risk of a systemic reaction to the injection, including anaphylactic reactions with subcutaneous secukinumab, but also with other biologic DMARDs. The 1st subcutaneous injection of this medicinal product should be done at the hospital.

Clinical data

- In the only study having evaluated a presentation (solution for injection in prefilled syringe) and the approved dosage regimens of COSENTYX (150 and 300 mg subcutaneous injection, administered at weeks 0, 1, 2 and 3 in induction therapy, then every month starting the fourth week as maintenance therapy), 397 patients with active disease and insufficient response or intolerance to NSAIDs were randomised to receive secukinumab SC at doses of 150 mg (100 patients) or 300 mg (100 patients) or placebo (97 patients). Between 32 and 36% of patients, depending on the randomisation group, were DMARD-naïve, which does not correspond to the recommended criteria for placement on non-biologic DMARD therapy. Prior treatment with a biologic DMARD other than a TNF inhibitor was a non-inclusion criteria in the studies. Concomitant treatments with NSAIDs, analgesics, corticosteroids and non-biologic DMARDs (sulfasalazine and/or methotrexate or other) were authorised. The superiority of secukinumab 150 and 300 mg at the approved dosage regimens compared to placebo was demonstrated in terms of the proportion of patients obtaining an ACR 20 response at week 24, an absolute difference of 35.7% with 150 mg and 38.7 % with 300 mg. The effect of secukinumab in terms of slowing of the joint damage was not assessed at the approved dosage regimens.
- No studies have compared it to a TNF inhibitor, but this comparison was feasible. Comparison to ustekinumab, another clinically relevant comparator, was not feasible considering concomitant development in this indication.
- No new safety signals have been identified in this indication; long-term safety data are limited.

Special prescribing conditions

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

Benefit of the medicinal product

- In the treatment of psoriatic arthritis, the actual benefit* of COSENTYX is moderate.
- COSENTYX does not provide improvement of actual clinical benefit** (IACB V) by comparison with TNF inhibitors and ustekinumab in the treatment of active psoriatic arthritis in adults when response to previous disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate.
- Recommends inclusion on the list of reimbursable products for supply by pharmacists and for hospital use in this indication.

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This document was created on the basis of the Transparency Committee Opinion of 11 May 2016 (CT-14978) available at **www.has-sante.fr**

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

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