HAUTE AUTORITÉ DE SANTÉ

**INFECTIOUS DISEASE**
**New indication**
**June 2019**

**TRANSPARENCY COMMITTEE OPINION SUMMARY**

# **PREVENAR 13**, pneumococcal 13-valent conjugate vaccine

**High clinical benefit for the prevention of pneumococcal pneumonia in adults and elderly subjects at a risk of developing pneumococcal infection, but no demonstrated clinical added value in the overall pneumococcal pneumonia prevention strategy**

## Main points

- PREVENAR 13 has now been granted a marketing authorisation for the prevention of pneumococcal pneumonia in adults and elderly subjects.
- In this population, its use is recommended to prevent invasive pneumococcal infections and pneumonia in immunocompromised patients and patients with a disease or underlying condition predisposing them to the onset of these infections. Its administration should be followed by a dose of non-conjugated pneumococcal vaccine (VPP23) with a minimum eight-week interval.
- The clinical advantage of PREVENAR 13 in pneumonia prevention has not been demonstrated for these at-risk populations for whom immunisation was already recommended to prevent invasive pneumococcal infections and in a context of the emergence of new non-vaccine serotypes requiring its combination with VPP23.

## Pre-existing indications*

Previously, PREVENAR 13 had been granted a marketing authorisation for the prevention of invasive pneumococcal pneumonia and acute otitis media in children aged from 6 weeks to 17 years, and for the prevention of invasive pneumococcal infections in adults aged over 18 years and elderly subjects.

## Therapeutic strategy

For adults and elderly subjects, immunisation against invasive pneumococcal infections and pneumonia is recommended for immunocompromised patients or carriers of a disease or underlying condition predisposing them to the onset of pneumococcal infection, according to the following schedules (see current vaccine schedule):

- Primary immunisation: one dose of PREVENAR 13 followed by one dose of VPP23 with a minimum 8-week interval,
- Previous immunisation with VPP23: one dose of PREVENAR 13 at least one year after the injection of VPP23.

Those previously immunised according to the PREVENAR 13 - VPP23 sequence may receive another injection of VPP23 subject to a 5-year interval after the previous injection of this vaccine. The need for subsequent further vaccinations will be reviewed according to the availability of data in respect of the efficacy of this measure.

* This summary does not concern these indications.

## Clinical data

- The extension of the indication of PREVENAR 13 to the prevention of **pneumococcal** pneumonia in adults and elderly subjects is based on the findings of the CAPITA study. This study conducted in the Netherlands assessed the efficacy of PREVENAR 13 versus placebo for the prevention of pneumococcal pneumonia and invasive pneumococcal infections with a vaccine serotype in 84,496 elderly subjects aged over 65 years. After a mean follow-up period of 4 years, 49 cases of community-acquired vaccine-serotype pneumococcal pneumonia were observed in the PREVENAR 13 group versus 90 in the placebo equivalent to a protective efficacy of 45.6% (95% CI [21.8; 62.5]; p<0.0006). No difference was observed between the 2 groups in respect of pneumonia, regardless of cause, and mortality.
- The safety profile of PREVENAR 13 in adults is comparable overall to that of other age groups. The most frequent adverse effects were: vomiting, fever, pain/sensitivity at the immunisation site as well as significant restriction of arm movements.
- These data need to be viewed in the light of:
  - the clinical relevance of the primary endpoint of the CAPITA study (incidence of vaccine-serotype pneumococcal pneumonia only) while the purpose of the study was to assess the efficacy of PREVENAR 13 for the prevention of pneumococcal pneumonia (all serotypes combined),
  - the serotype replacement phenomenon observed in France since the introduction of the PREVENAR 13 vaccine (increase in cases caused by strains of serotypes not covered by the vaccine),
  - the immunisation coverage rates actually obtained in the recommended populations in France.
- Moreover, they do not address queries in relation to:
  - long-term efficacy of the vaccine (the mean follow-up period of the CAPITA study not allowing the detection of any reduction in efficacy due to the small number of cases observed in year 4),
  - the efficacy of the immunisation strategy combining PREVENAR 13 and VPP23 with a minimum 8-week interval.

## Benefit of the medicinal product

- The actual clinical benefit* of PREVENAR 13 is high
- PREVENAR 13 provides no clinical added value** (CAV V) in the pneumococcal pneumonia prevention strategy for subjects aged 18 years and over for whom immunisation is recommended.
- Approved for non-hospital pharmacy reimbursement and for hospital treatment.

HAS
HAUTE AUTORITÉ DE SANTÉ
This document was drafted on the basis of the Transparency Committee opinion dated 05 June 2019 (CT-16267) 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. The HAS Transparency Committee assesses the ACB, which may be high, moderate, low, or insufficient for the medicinal product to be covered by public funding.

** The clinical added value (CAV) corresponds to the clinical improvement offered by a medicinal product compared to existing treatments. The HAS Transparency Committee assesses the CAV level from I, major, to IV, minor. A level V CAV (equivalent to "no clinical added value") denotes a "lack of clinical improvement"