HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
OPINION
06 NOVEMBER 2019

risankizumab
SKYRIZI 75 mg, injectable solution in pre-filled syringe

First assessment

Key points

Approved for reimbursement in a limited indication for the treatment of severe chronic forms of adult plaque psoriasis, defined by:

- failure (insufficient response, contraindication or intolerance) of at least two treatments including non-biological systemic treatments and light therapy
- and an extensive form and/or psychosocial impact.

What therapeutic improvement?

No progress relative to secukinumab.

Role in the care pathway?

Current psoriasis treatments do not result in the definitive cure of the condition, but allow for transient and more or less complete disappearance of the lesions. The therapeutic arsenal includes local and general treatments. Local treatments can be used alone or combined either with each other or with general treatments.

Skin moisturisation by emollients is frequently associated with topical treatments that are the first-line treatments for limited plaque psoriasis.

There are several classes of topical treatments: dermocorticosteroids, vitamin D3 analogues, retinoids (derived from vitamin A) and, less frequently used tars, anthraline and keratolytics.

In the most severe forms, systemic treatments can be used.

Methotrexate is the standard treatment for extensive or severe forms of psoriasis. The alternative is cyclosporin, whose treatment duration is frequently limited by kidney toxicity and the risk of high blood pressure. Retinoids (acitretin) may be beneficial in some clinical forms, including diffuse forms, or in combination with phototherapy.

Biological treatments are reserved for severe chronic forms of psoriasis, defined by failure (insufficient response, contraindication or intolerance) to at least two non-biological systemic treatments and phototherapy AND an extensive form and/or significant psychosocial impact.

Adalimumab (anti-TNF) and ustekinumab (anti-IL12/23) are first-line biological treatments, followed by the other anti-TNFs (etanercept, infliximab) or other anti-interkeukins [secukinumab and ixekizumab (anti-IL17), brodalumab (anti-IL17 receptor) and guselkumab (anti-IL23)].

The role of apremilast (phosphodiesterase inhibitor 4) remains poorly defined, though its results are significantly inferior to biotherapies.

The current treatment strategy is "rotational" between the different alternatives, the choice of treatment being guided by patient and disease characteristics (concomitant disease, extent of lesions, previous treatment history) and those of the proprietary medicinal product (adverse effects, cumulative dose).

Role of the proprietary medicinal product in the care pathway:

SKYRIZI (risankizumab) is a new anti-IL23 for adults to treat severe chronic plaque psoriasis, defined by:

- failure (insufficient response, contraindication or intolerance) of at least two treatments including non-biological systemic treatments and light therapy
- and an extensive form and/or significant psychosocial impact.

Given the risk of hypersensitivity reaction to subcutaneous risankizumab (see paragraph 4.4 of the SPC), the Transparency Committee recommends that the first subcutaneous injection of this drug be performed in a appropriate care structure.

COMMITTEE'S CONCLUSIONS

Actual benefit

◗ Psoriasis is a chronic, often benign, inflammatory dermatosis that can, in its moderate to severe forms, have a significant impact on quality of life.

◗ SKYRIZI has a suspensive effect on symptoms.

◗ The efficacy/adverse effects ratio is high, though additional data are needed on efficacy and long-term safety.

◗ Due to the existence of therapeutic alternatives in the event of failure of topical treatments and uncertainties concerning the long-term safety of risankizumab, this proprietary medicinal product is reserved for the treatment of adult plaque psoriasis in patients with severe chronic plaque psoriasis, defined by:
- failure (insufficient response, contraindication or intolerance) of at least two treatments including non-biological systemic treatments and light therapy
- and an extensive form and/or significant psychosocial impact.

◗ There are therapeutic alternatives.

◗ Public health benefit:
Considering:
- the severe condition of patients in chronic forms of psoriasis resistant to non-biological systemic treatments, associated with a significant deterioration in quality of life, but its low prevalence,
- the partially met medical need due to failures in available treatments and escape phenomena,
- the quality of the demonstration of risankizumab efficacy and its impact in terms of morbidity and quality of life,
- but also doubts concerning the transferability of the results in terms of efficacy and safety due to the lack of long-term efficacy and safety data,

SKYRIZI is unlikely to have an additional impact on public health.

Given these elements, the Transparency Committee considers that the actual benefit of SKYRIZI 75 mg solution for injection in pre-filled syringe is <u>substantial</u> only in the treatment of adult plaque psoriasis, in patients with severe chronic plaque psoriasis, defined by:
- **failure (insufficient response, contraindication or intolerance) of at least two treatments including non-biological systemic treatments and light therapy**
- **and an extensive form and/or significant psychosocial impact.**

In other forms, the actual benefit is <u>insufficient</u> to justify public funding cover.

Recommended reimbursement rate: 65%

Clinical Added Value

Considering:

- **the demonstrated superiority of risankizumab compared to adalimumab (HUMIRA) and ustekinumab (STELARA) with clinically relevant differences in terms of percentage of complete or almost complete disappearances of lesions (sPGA = 0 or 1) and percentage of PASI 90 responses after 16 weeks (co-primary endpoints), maintaining this superiority until week 52,**
- **the non-inferiority of risankizumab compared to secukinumab (COSENTYX) on the percentage of PASI 90 responses at week 16,**
- **a safety profile comparable to that of other anti-interleukins,**
- **the lack of long-term efficacy and safety data (beyond 104 weeks),**

SKYRIZI 75 mg solution for injection in pre-filled syringe provides no clinical added value (CAV V) compared to COSENTYX in adults with severe chronic plaque psoriasis, defined by:

- **failure (insufficient response, contraindication or intolerance) of at least two treatments including non-biological systemic treatments and light therapy**
- **and an extensive form and/or psychosocial impact.**