HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
OPINION
06 NOVEMBER 2019

rufinamide
INOVELON 100 mg film-coated tablet
INOVELON 200 mg film-coated tablet
INOVELON 400 mg film-coated tablet
INOVELON 40 mg/ml oral suspension

New indication

Key points

Approved for reimbursement in patients aged 1 year to less than 4 years for the adjuvant treatment of epileptic seizures associated with Lennox-Gastaut syndrome.

What therapeutic improvement?

No progress in the therapeutic management of Lennox-Gastaut syndrome.

Role in care pathway?

The initial medication management of Lennox Gastaut syndrome is based on first-line valproic acid. Lamotrigine is added when valproic acid is not sufficiently effective, or is poorly tolerated.

Patients in whom tonic-atonic seizures persist, despite a well-conducted combination of valproic acid and lamotrigine, could benefit from the addition of rufinamide (from the age of one year) or topiramate (from the age of 2 years).

Role of the medicinal product

INOVELON (rufinamide) is a therapeutic option as an adjuvant treatment in the management of epileptic seizures associated with Lennox Gastaut syndrome from age one year.

COMMITTEE'S CONCLUSIONS

Actual benefit

◗ Lennox-Gastaut syndrome (LGS) is one of the most serious epileptic syndromes in children, resistant to treatment and frequently associated with mental retardation. The mortality rate is approximately 5%, rarely due to the progression of the epilepsy itself, but rather to intercurrent illnesses or accidents linked to the seizures[Erreur ! Signet non défini.].
◗ It is a symptomatic treatment.
◗ The efficacy/adverse effects ratio, is high.
◗ There are therapeutic alternatives to these proprietary medicinal products.
◗ INOVELON is a therapeutic option in the adjuvant management of epileptic seizures associated with Lennox-Gastaut syndrome.

Public health benefit

Considering:

- the severity of the disease, with severe epilepsy and neurocognitive disability
- the incidence of 0.1/100,000 cases per year and the prevalence of 15/100,000 in Europe[Erreur ! Signet non défini.],
- the very partially covered medical need in this disease, which is often resistant to treatment,
- the partial response to the identified need, taking into account the pharmacokinetics comparable to those in the population aged 4 years and over, for which efficacy has been demonstrated versus placebo,
- the expected impact of INOVELON on morbidity and mortality, in a similar fashion to that observed in the population aged 4 years and over.
- the lack of demonstrated impact on quality of life,
- the impact demonstrated on organisation of care,

INOVELON is unlikely to have an impact on public health.

Given all of these elements, the Committee considers that the actual benefit of INOVELON is high in extending the indication to children from 1 year to less than 4 years of age.

The Committee issues a positive opinion for both hospital and retail formulary listing of reimbursed pharmaceutical products approved for use by market authorization and dosages.

Recommended reimbursement rate: 65%

Clinical Added Value

Considering:

- **the pharmacokinetics of INOVELON in children aged 1 to less than 4 years, comparable to those of the population of patients aged 4 years and over, population for whom the efficacy of rufinamide has been demonstrated versus placebo in terms of reduction in the total frequency of seizures, reduction in the frequency of tonic-atonic seizures and reduction in the severity of seizures,**
- **the lack of demonstrated superiority versus other anti-epileptic treatments on a behavioural score (primary endpoint), in the randomised, comparative, open-label phase III study, including a small number of patients aged 1 year to less than 4 years,**
- **the lack of data with a good level of evidence on the quality of life of patients or carers,**

the Transparency Committee considers that INOVELON provides no clinical added value (CAV V) to care.