HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
OPINION
23 OCTOBER 2019

ataluren

TRANSLARNA 125 mg, 250 mg, 1000 mg, granules for oral suspension

New indication

Key points

Approved for reimbursement in the treatment of Duchenne muscular dystrophy, resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 years and over.

What therapeutic improvement?

No progress in the management of Duchenne muscular dystrophy in ambulatory patients aged 2 years and above.

Role in the care pathway?

Atataluren is a medicinal product aimed at a precisely targeted and very limited population of walking children, suffering from DMD with a nonsense mutation (premature STOP codon), from the age of diagnosis.

Failing demonstration of its effectiveness compared to placebo from the data provided, but due to the severity of the disease and the absence of therapeutic alternatives with a valid Marketing Authorisation, and taking into account acceptable safety, TRANSLARNA can fit into the current treatment regimen, without changing it.

The data provided still fail to answer the questions of medicinal product initiation criteria, along with its continuation or discontinuation after loss of walking ability.

COMMITTEE'S CONCLUSIONS

Actual benefit

◗ Duchenne muscular dystrophy (DMD) is a severe neuromuscular disease, which causes a deterioration in the quality of life and is life-threatening.
◗TRANSLARNA (ataluren) proprietary medicinal products are part of a symptomatic treatment.
◗The efficacy/adverse effects ratio of TRANSLARNA (ataluren) is low.
◗There is currently no drug therapy with a marketing authorisation capable of stabilising or reversing the progress of this myopathy. Only prednisone derivatives have shown partial effectiveness, temporarily decreasing the slope of muscle strength deterioration; undesirable effects, however, limit the prolonged use of such therapy.
◗TRANSLARNA (atataluren) is a medicinal product aimed at a precisely targeted and very limited population of walking children, suffering from DMD with a nonsense mutation (premature STOP codon), from the age of diagnosis. Failing any convincing demonstration of its efficacy based on the data provided, but due to the severity of the disease and the absence of therapeutic alternative with a valid Marketing Authorisation, the supposed benefits of initiating treatment with atataluren in children aged 2 to 5 years and taking into account an acceptable safety, TRANSLARNA (ataluren) may be insertedinto the current treatment regimen, without changing it. The data provided still fail to answer the questions of medicinal product initiation criteria, along with its continuation or discontinuation after loss of walking ability.

Public health benefit

Considering:
- the severity of Duchenne muscular dystrophy,
- its prevalence/incidence,
- the poorly covered medical need,
- the absence of data concerning the care and/or life pathway,
- the lack of demonstrated impact on the organisation of care (hospitalisation, adverse events, etc.),
- the very partial response to the identified medical need,

TRANSLARNA (atataluren) is unlikely to have an additional impact on public health.

Given all these elements, the Committee considers that the actual benefit of TRANSLARNA (ataluren) is low in the MA indication extension.

The Committee issues a positive/negative opinion for both hospital and retail formulary listing of reimbursed pharmaceutical products approved for use in the indication extension and at MA dosages.

Recommended reimbursement rate: 15%

Clinical Added Value

Considering:

- **the efficacy results based on the evaluation after 28 weeks of treatment of functional clinical endpoints (secondary endpoints), from a phase II, open, non-comparative study,**
- **the small extent of the changes observed on the various functional clinical endpoints, but with a homogeneous evolution of these endpoints, suggesting a slight improvement with TRANSLARNA,**
- **the limits on the interpretation of these results, given the absence of a control group,**
- **the difficulty of interpreting the comparison of the results of the phase II study with those of a historical cohort,**
- **the safety profile of TRANSLARNA which appears favourable,**
- **the poorly met identified medical need,**

the Transparency Committee considers that the proprietary medicinal product TRANSLARNA does not provide any clinical added value (CAV V) in the management of Duchenne muscular dystrophy, resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 to 5 years, which includes corticosteroids and supportive care.