HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
24 JUNE 2020

The legally binding text is the original French opinion version

vestronidase alfa
MEPSEVII 2 mg/ml concentrate for solution for infusion

Reevaluation

Key points

Unfavourable opinion for reimbursement in the treatment of non-neurological manifestations of Mucopolysaccharidosis VII (MPS VII; Sly syndrome).

Role in the care pathway?

MPS VII is a multisystemic disease that requires multidisciplinary, global management tailored to each patient, the primary objectives of which are:
- to improve or slow down the multisystemic progression of the disease;
- to improve the patient's quality of life and social, school or professional integration.

Recourse to hematopoietic stem cell transplantation (HSCT) is not mentioned in the French national diagnostic and care protocol (PNDS) for MPS VII patients. No studies have demonstrated the effect of HSCT in these patients. Only a few clinical cases have been published in the literature, with no robust demonstration and with heterogeneous results from one patient to another. According to expert opinion, this can sometimes be performed in the absence of any alternative, in certain situations only, since it is a complex and restrictive therapy, requiring chemotherapy and a compatible donor.

Role of the medicinal product in the care pathway:

Considering:
- on the basis of the available data, demonstration of efficacy solely with respect to a biological endpoint - i.e., a reduction in urinary excretion of GAG (dermatan sulfate) - with MEPSEVII (vestronidase alfa), with no demonstrated benefit on a clinically relevant endpoint,

- the absence of an established correlation between the reduction in urinary excretion of GAG and a clinical benefit,
- the absence of efficacy of MEPSEVII (vestronidase alfa) on neurological symptoms, which are an important component of the disease,
- the safety profile of MEPSEVII (vestronidase alfa) characterised by infusion reactions, including hypersensitivity reactions, which are important identified risks in the risk management plan, as well as adverse effects such as diarrhoea, ataxia, confusion, abdominal pain, vomiting, febrile convulsion,
- the restriction related to the method of administration, as an intravenous infusion every 2 weeks,
- the absence of demonstration of a benefit in terms of quality of life of patients treated with MEPSEVII (vestronidase alfa),

MEPSEVII (vestronidase alfa) has no role in the care pathway for non-neurological manifestations of Mucopolysaccharidosis VII (MPS VII; Sly syndrome).

COMMITTEE'S CONCLUSIONS

Clinical benefit

◗ MPS VII is a serious, life-threatening disease. The musculoskeletal, pulmonary and cardiac effects lead to significant restrictions in mobility or even total disability, severe pulmonary insufficiency, which may require tracheotomy, valve disease and cardiomyopathy, with progression to significant mental deficiency in the event of survival.

◗ According to its MA, MEPSEVII is a replacement therapy for patients with MPS VII.

◗ In the absence of data providing evidence of a benefit on a clinically relevant endpoint and given its safety profile, the efficacy/adverse effects ratio of MEPSEVII is inadequately established.

◗ There are no therapeutic alternatives.

◗ MEPSEVII has no role in the care pathway for MPS VII (see section 9).

Public health impact

Considering:

- the seriousness of the disease,
- its rarity, with a target population estimated to be around twenty patients in France,
- the unmet medical need,
- the lack of response to the identified medical need given the demonstration of efficacy solely with respect to a biological endpoint, with no demonstrated benefit on a clinically relevant endpoint, and the lack of efficacy of MEPSEVII (vestronidase alfa) on neurological symptoms, which are an important component of the disease,
- the absence of demonstration of a benefit in terms of quality of life,
- the absence of data enabling assessment of the impact of MEPSEVII (vestronidase alfa) on the organisation of care and taking into account its tolerance and the restriction related to its method of administration, as an intravenous infusion every 2 weeks,

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

Considering all these elements, the Committee deems that the clinical benefit of MEPSEVII (vestronidase alfa) is insufficient in the MA indication to justify its funding by the French national health insurance system.

The Committee issues an unfavourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and dosages.

Clinical Added Value

Not applicable.