HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE

SUMMARY

16 SEPTEMBER 2020

The legally binding text is the original French opinion version

dupilumab

DUPIXENT (dupilumab) 300 mg solution for injection in pre-filled syringe and pen

New indication

Key points

Favourable opinion for reimbursement as an add-on therapy with intranasal corticosteroids for the treatment of adults with severe chronic rhinosinusitis with nasal polyps (CRSwNP) for whom therapy with systemic corticosteroids **and** surgery do not provide adequate disease control.

What therapeutic improvement?

Therapeutic improvement in management.

Role in the care pathway?

Local corticosteroids are the reference treatment for CRSwNP irrespective of symptom severity.

If the condition is severe with very marked symptoms, the need for short-term systemic corticosteroid therapy may be considered. Antibiotics are only used in the event of secondary infection.

If symptoms are not adequately controlled after at least 1 to 2 courses of systemic corticosteroid therapy, surgery is offered in the event of incapacitating CRSwNP resistant to well-managed medical treatment taken as directed by the patient for a sufficiently long period of time. It can be repeated.

The European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS) identified 5 criteria for the use of biologic therapies:
- need for systemic corticosteroid therapy in the past two years;
- evidence of type 2 inflammation;
- significantly impaired quality of life;
- significant loss of smell;
- diagnosis of cormorbid asthma.

It considers that to be eligible for biological treatment:
- 3 out of 5 criteria must be met for patients with a history of surgery for nasal polyps;
- 4 out of 5 criteria in patients with no history of surgery for nasal polyps.

After 16 weeks of treatment and in the absence of a response for these criteria, biologic therapy should be discontinued. Otherwise, treatment is continued and assessed again after 1 year. The response to biologic therapies should be evaluated on the basis of the following criteria:
- reduced nasal polyp size;
- reduced need for systemic corticosteroids;
- improved quality of life;
- improved sense of smell;
- reduced impact of comorbidities.

Role of the medicinal product in the care pathway

DUPIXENT (dupilumab) may be used as a biologic therapy, in accordance with the SPC, as an add-on therapy with intranasal corticosteroids for the treatment of adults with severe chronic rhinosinusitis with nasal polyps (CRSwNP) for whom therapy with systemic corticosteroids and surgery do not provide adequate disease control.

Uncertainties remain due to the absence of assessment of the efficacy and safety of dupilumab for more than one year in the available clinical studies.

COMMITTEE'S CONCLUSIONS

Clinical benefit

◗ When chronic rhinosinusitis with nasal polyps (CRSwNP) is severe and inadequately controlled by local and systemic corticosteroid therapy and surgery, the symptoms, such as nasal obstruction (sometimes complete), rhinorrhoea, facial pain and loss of sense of smell, can be incapacitating and adversely affect quality of life.
◗ DUPIXENT (dupilumab) is a symptomatic treatment.
◗ Its efficacy/adverse effects ratio is high as an add-on therapy with intranasal corticosteroids for the treatment of adults with CRSwNP for whom therapy with systemic corticosteroids **and** surgery do not provide adequate disease control.
◗ This proprietary medicinal product may be used as an add-on therapy with intranasal corticosteroids for the treatment of adults with CRSwNP for whom therapy with systemic corticosteroids and surgery do not provide adequate disease control.
◗ In the treatment of severe CRSwNP in patients inadequately controlled by systemic corticosteroid therapy and surgery, further surgery may be an alternative for some patients in the event of a late recurrence.

◗ Public health impact:
Considering:
- the seriousness of CRSwNP,
- its prevalence,
- the partially met medical need at this stage of the disease,
- the lack of any expected additional impact on morbidity,
- the lack of an expected impact on the organisation of care,
- the lack of response to the identified need in patients with CRSwNP for whom therapy with systemic corticosteroids and surgery do not provide adequate disease control,

DUPIXENT (dupilumab) is unlikely to have an additional impact on public health.

Given all these elements, the Committee deems that the clinical benefit of DUPIXENT (dupilumab) is substantial as an add-on therapy with intranasal corticosteroids for the treatment of adults with chronic rhinosinusitis with nasal polyps (CRSwNP) for whom therapy with systemic corticosteroids and surgery do not provide adequate disease control.

The Committee issues a favourable opinion for inclusion of DUPIXENT (dupilumab) in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use as an add-on therapy with intranasal corticosteroids for the treatment of adults with chronic rhinosinusitis with nasal polyps (CRSwNP) for whom therapy with systemic corticosteroids and surgery do not provide adequate disease control.

Clinical Added Value

Considering:
- **the demonstration, in the MA population (add-on therapy with intranasal corticosteroids for the treatment of adults with severe CRSwNP for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control), of the superiority of dupilumab compared to placebo, both in combination with nasal corticosteroid therapy, in terms of reduction in extension of the polyposis and the nasal obstruction, recovery of sense of smell, improved quality of life and reduced need for systemic corticosteroid therapy or surgery;**
- **the clinical relevance of these assessment criteria and the results demonstrating a significant size effect compared to placebo;**
- **the acceptable safety profile of dupilumab in CRSwNP, similar to that in the other indications;**

but:

- **uncertainties with respect to the real effect size of the medicinal product, in the population for which reimbursement is requested, which corresponds to a subgroup of the two studies, due to the exploratory nature of these analyses, not scheduled in the protocol, and the absence of data after 1 year;**
- **of the partially met medical need due to the existence of alternatives (further surgery in some patients);**

the Transparency Committee considers that DUPIXENT (dupilumab) provides a minor clinical added value (CAV IV) in the care pathway for the treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) inadequately controlled by therapy with systemic corticosteroids and surgery.