HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
16 SEPTEMBER 2020
The legally binding text is the original French opinion version

eculizumab
SOLIRIS 300 mg concentrate for solution for infusion

New indication

Key points

Favourable opinion for reimbursement in the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease (2 relapses in the past year or 3 relapses in the past two years, including one in the past year), and not responding to background immunosuppressant therapy (rituximab, azathioprine, mycophenolate mofetil).

Unfavourable opinion for reimbursement in the other clinical situations.

What therapeutic improvement ?

Therapeutic improvement in management of the disease.

Role in the care pathway ?

The treatment of neuromyelitis optica spectrum disorder (NMOSD) is currently based on open-label studies, expert opinions and clinical experience. The background therapies used in practice (off-label) are immunosuppressant treatments, in particular rituximab, azathioprine and mycophenolate mofetil. At present, SOLIRIS (eculizumab) is the only treatment for NMOSD with a marketing authorisation.

Role of the medicinal product in the care pathway

Given the superiority of eculizumab demonstrated in a double-blind, placebo-controlled study in the majority of patients receiving immunosuppressant therapy and in the absence of comparative data versus the immunosuppressant therapies used in practice (off-label), SOLIRIS (eculizumab) is a background therapy for neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease (2 relapses in the past year or 3 relapses in the past two years, including one in the past year), and not responding to background immunosuppressant therapy (rituximab, azathioprine, mycophenolate mofetil).

Special recommendations

The Committee recommends that treatment with SOLIRIS (eculizumab) be administered in a multiple sclerosis resource and expertise centre or in a centre specialising in rare inflammatory brain and spinal cord diseases, with prescription restricted to neurologists in the context of a multidisciplinary review meeting justified in view of the risk of using SOLIRIS (eculizumab) outside the reimbursement scope defined by the Committee on the basis of available efficacy and safety data, particularly first-line use or use in patients who do not have anti-AQP4 antibodies (off-label).

Clinical benefit

◗ The relapsing form of neuromyelitis optica spectrum disorder (NMOSD) is a serious, disabling disease that can be life-threatening in some cases.

◗ SOLIRIS (eculizumab) is a symptomatic background therapy for NMOSD.

◗ The efficacy/adverse effects ratio of SOLIRIS (eculizumab) is high in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease (2 relapses in the past year or 3 relapses in the past two years, including one in the past year), and not responding to background immunosuppressant therapy (rituximab, azathioprine, mycophenolate mofetil) in view of the available data, and is not established in other situations due to a lack of data.

◗ There are therapeutic alternatives, see chapter 05 "Clinically relevant comparators".

◗ SOLIRIS (eculizumab) is a background therapy for NMOSD in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease (2 relapses in the past year or 3 relapses in the past two years, including one in the past year and not responding to background immunosuppressant therapy (rituximab, azathioprine, mycophenolate mofetil), see chapter 08 "Role in the care pathway".

Public health impact
Considering :
- the seriousness of the disease,
- its low prevalence,
- the partially met medical need,
- the demonstrated partial impact on morbidity in terms of time to first relapse and reduction in the number of relapses under placebo,
- the lack of an impact on the patient's care and/or life pathway, without robust data demonstrating an improvement in quality of life and noting, nonetheless, a potential complexification of the care pathway due to the need for infusions administered at outpatient hospital consultations every week for 4 weeks, then every 2 weeks,
- the absence of any demonstrated impact on the organisation of care in the absence of data,
- the partial response to the identified need

SOLIRIS (eculizumab) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of SOLIRIS (eculizumab) is :

- **substantial in the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease (2 relapses in the past year or 3 relapses in the past two years, including one in the past year), and not responding to background immunosuppressant therapy (rituximab, azathioprine, mycophenolate mofetil),**

- **insufficient in other clinical situations.**

The Committee issues a favourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease (2 relapses in the past year or 3 relapses in the past two years, including one in the past year), and not responding to background immunosuppressant therapy (rituximab, azathioprine, mycophenolate mofetil), and at the MA dosages.

The Committee issues an unfavourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the other clinical situations.

Clinical Added Value

Considering :
- **demonstration of the superiority of eculizumab versus placebo in the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease, in terms of the time to onset and reduction in the annual frequency of relapses, without, however, a demonstrated benefit on disability and quality of life of patients,**
- **the clinical relevance of these endpoints,**
- **the medical need partially met by immunosuppressant therapies used off-label on the basis of expert consensus,**

and despite remaining uncertainties concerning the efficacy and long-term safety, as well as the optimal treatment duration and use strategy in the absence of comparison with the background therapies used in clinical practice, in particular rituximab,

the Transparency Committee considers that SOLIRIS (eculizumab) provides a moderate clinical added value (CAV III) in the treatment of NMOSD in adult patients who are anti-aquaporin-4 (AQP4) antibody-positive with a relapsing course of the disease (2 relapses in the past year or 3 relapses in the past two years, including one in the past year), and not responding to background immunosuppressant therapy (rituximab, azathioprine, mycophenolate mofetil).