HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
17 FEBRUARY 2021

The legally binding text is the original French opinion version

degarelix

FIRMAGON 80 mg and 120 mg powder and solvent for solution for injection

Re-evaluation

Key points

Favourable opinion for maintenance of reimbursement in the treatment of advanced hormone-dependent prostate cancer.

What therapeutic improvement?

No clinical added value in the therapeutic strategy.

Role in the care pathway?

The current guidelines for the treatment of advanced hormone-dependent prostate cancer (locally advanced or metastatic) recommend:

- at the locally advanced stage (T3-T4): androgen deprivation hormone therapy using a GnRH agonist or antagonist combined with adjuvant external radiotherapy for 2 to 3 years (neoadjuvant use may also be considered for 4 to 6 months).

It should be noted that the care pathway has recently evolved, with, in particular, the integration of second-generation androgen receptor antagonists since 2019, in combination with androgen

deprivation therapy (ADT) in patients with non-metastatic castration-resistant prostate cancer (nmCRPC): apalutamide (ERLEADA), enzalutamide (XTANDI) or darolutamide (NUBEQA), in high-risk patients (PSA doubling time < 10 months).

- At the metastatic stage:

o In hormone-sensitive patients (mHSPC), ADT should be used in combination with second-generation androgen receptor antagonists [apalutamide (ERLEADA)] or abiraterone acetate (ZYTIGA) in combination with prednisone or prednisolone in newly diagnosed high-risk patients, or with docetaxel in patients eligible for chemotherapy and who cannot receive the previously mentioned treatments. External radiotherapy may potentially be used for low-volume tumours.

o In castration-resistant patients (mCRPC), castration should be maintained and chemotherapy (docetaxel, cabazitaxel in patients previously treated with docetaxel) or second-generation hormone therapy [abiraterone acetate (ZYTIGA), enzalutamide (XTANDI)] may be proposed. It should be noted that radium 223 (XOFIGO) only has an MA in the event of bone metastases after two prior treatment lines.

Androgen deprivation therapy at non-metastatic stages (as an adjuvant to external radiotherapy in locally advanced stage T3-T4 tumours) and at metastatic stages includes two treatment classes, a GnRH antagonist, FIRMAGON (degarelix), and GnRH agonists (groserelin, triptorelin, leuprorelin). In the event of treatment with a GnRH agonist alone, temporary hypertestosteronaemia (flare up effect) may be observed. This effect is not observed with degarelix. A first-generation antiandrogen (bicalutamide, nilutamide, flutamide) generally used to be combined with the GnRH agonist for a short period of time in order to prevent the clinical consequences of serum testosterone peaks. Since the arrival of second-generation androgen receptor antagonists in combination with androgen deprivation therapy and the evolution of the care pathway, the use of first-generation antiandrogens has been limited (only in the context of complete androgen blockade).

Role of the medicinal product in the care pathway

FIRMAGON (degarelix) proprietary medicinal products represent an alternative to GnRH agonists (groserelin, triptorelin, leuprorelin) as a first-line treatment in the care pathway for hormone-dependent prostate cancer at locally advanced non-metastatic stages (stages T3 to T4) and at metastatic stages with lymph node involvement (N+) or with distant metastasis (M+).

COMMITTEE'S CONCLUSIONS

Clinical benefit

◗ Prostate cancer, particularly in the event of metastatic forms, is a life-threatening disease.
◗ FIRMAGON (degarelix) proprietary medicinal products are a specific curative treatment for advanced prostate cancer.
◗ The efficacy/adverse effects ratio of FIRMAGON proprietary medicinal products (degarelix) remains high.
◗ There are medicinal alternatives: GnRH agonists.
◗ FIRMAGON proprietary medicinal products (degarelix) are a first-line treatment in the care pathway for advanced hormone-dependent prostate cancer.

Public health impact

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

Considering all these elements, the Committee deems that the clinical benefit of FIRMAGON (degarelix) remains substantial in the MA indication.

The Committee issues a favourable opinion for maintenance of inclusion in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and dosages.

◗ **Recommended reimbursement rate: 100%**

Clinical Added Value

The new data presented based primarily on pooled exploratory analyses and observational safety studies does not modify the Committee's previous assessment of FIRMAGON (degarelix). Consequently, FIRMAGON provides no clinical added value (CAV V) in the current care pathway for advanced hormone-dependent prostate cancer.