HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
21 APRIL 2021

The legally binding text is the original French opinion version

dupilumab
DUPIXENT 200 mg and 300 mg solution for injection in pre-filled syringe

New indication

Key points

Favourable opinion for reimbursement in the treatment of severe atopic dermatitis in children 6 to 11 years old who are candidates for systemic therapy.

What therapeutic improvement?

Therapeutic improvement in the management of the condition.

Role in the care pathway?

The overall objective of treatment is to improve patients' quality of life by treating their skin lesions and preventing the risk of secondary infections in the event of flare-ups, early relapses and xeroderma. Outside inflammatory flare-ups, all patients should be treated using adjuvant measures (hygiene, emollients) and relapses should be treated at an early stage.

As in adults and adolescents, the treatment of acute flare-ups of atopic dermatitis (AD) in children is initially based on the use of topical corticosteroids. The wet wrapping technique may be used in the event of an inadequate response.

In the event of failure of topical corticosteroid therapy, systemic immunosuppressants can be used in children. These include ciclosporin used as first-line therapy (but not recommended by the MA in children under 16 years of age) and two medicinal products without an MA in this indication: methotrexate and azathioprine. In the paediatric population, the use of these substances is based on a low level of evidence and should be time-limited due to the unfavourable long-term safety profile.

Due, in particular, to a long-term cancer risk, the use of phototherapy has a limited role in the care pathway in children in the event of failure of topical corticosteroid therapy. Topical tacrolimus has an MA in children in the event of an inadequate response to topical corticosteroid therapy. However, the Transparency Committee considered that its clinical benefit was insufficient in this age group.

Role of the medicinal product in the care pathway

In children 6 to 11 years old, DUPIXENT (dupilumab) is a second-line treatment to be reserved for severe forms of atopic dermatitis following the failure of topical corticosteroid therapy.

COMMITTEE'S CONCLUSIONS

Considering all of this information and further to debate and voting, the Committee considers:

Clinical benefit

◗ Atopic dermatitis is not a serious disease but in its severe childhood forms, it has a significant impact on the quality of life of children and their parents and a significant impact on social and school life.

◗ The proprietary medicinal products DUPIXENT 200 mg and 300 mg (dupilumab) solution for injection in pre-filled syringe have a suspensive effect on symptoms.

◗ In children 6 to 11 years old, the efficacy/adverse effects ratio is high.

◗ In children 6 to 11 years old, these proprietary medicinal products are second-line treatments to be reserved for severe forms of atopic dermatitis following the failure of topical corticosteroid therapy.

◗ There are no validated therapeutic alternatives in children following the failure of topical treatments (topical corticosteroids).

Public health impact

Considering:

- the absence of seriousness of the disease but the significant impairment in quality of life in its most severe forms,
- the low prevalence of the disease in children in whom topical treatment has failed and requiring systemic treatment,
- the medical need to have access to effective, well-tolerated systemic treatments that improve quality of life,
- the partial response provided by dupilumab to the identified medical need,
- considering demonstration, in a phase 3 comparative clinical study, of an impact in terms of morbidity and quality of life of dupilumab versus placebo in children, but uncertainties regarding the long-term efficacy and safety,
- the absence of demonstration of an impact on the organisation of care,

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

Considering all these elements, the Committee deems that the clinical benefit of the proprietary medicinal products DUPIXENT 200 mg and 300 mg (dupilumab) solution for injection in pre-filled syringe is substantial in the indication extension to treatment of severe atopic dermatitis in children 6 to 11 years old who are candidates for systemic therapy.

The Committee issues a favourable opinion for inclusion in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the indication extension to treatment of severe atopic dermatitis in children 6 to 11 years old who are candidates for systemic therapy and at the MA dosages.

◗ **Recommended reimbursement rate: 65%**

Clinical Added Value

Considering:

- **the demonstrated superiority of dupilumab compared to placebo in children 6 to 11 years old with severe atopic dermatitis requiring systemic treatment for the two co-primary endpoints assessed after 16 weeks of treatment, i.e., the percentage of IGA = 0 or 1 responders and the percentage of EASI 75 responders, with a significant and clinically relevant additional effect size,**
- **demonstration of a statistically significant and clinically relevant improvement in quality of life (assessed as an unranked exploratory secondary endpoint) versus placebo at week 16, and**
- **the substantial medical need given the absence of validated alternatives in the management of children requiring systemic treatment,**

despite:

- **uncertainties with respect to the maintenance of efficacy beyond 16 weeks and the long-term safety profile (mean exposure of 49 weeks in the OLE study for a follow-up period of 2 years),**

as in adults and adolescents, the proprietary medicinal products DUPIXENT 200 mg and 300 mg (dupilumab) provide a moderate clinical added value (CAV III) in the treatment of severe atopic dermatitis in children 6 to 11 years old who are candidates for systemic therapy.