HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
21 APRIL 2021

The legally binding text is the original French opinion version

silver sulfadiazine
FLAMMAZINE cream

New indication

Key points

Favourable opinion for reimbursement in the prevention and treatment of infections in the context of the management of second-degree or more severe burns in adults and children from 2 months of age.

What therapeutic improvement?

No clinical added value in the therapeutic strategy.

Role in the care pathway?

In the initial phase of topical treatment of deep burns, the aim is to cover the burned areas in order to limit pain, hypothermia and the risk of microbial contamination pending a specialist's opinion.

Dressings must be applied in an appropriate environment in terms of hygiene, and will generally require strong analgesia or even a general anaesthetic. Burns should be mechanically cleaned using tap water, normal saline solution or an antiseptic prior to dressing application.

The choice of dressing type primarily depends on the surface area of the burn and its local appearance, as well as the patient's general condition and local availabilities. The routine use of creams or ointments before application of the interface is optional. Little clinical evidence is available enabling the superiority of any specific dressing to be established. An antiseptic dressing may be appropriate in the event of extensive or contaminated burns.

Topical or systemic antibiotics should be reserved for cases of confirmed infection. Systemic prophylactic antibiotic therapy may only be considered in the perioperative period since it leads to a risk of multi-resistant bacteria selection.

Silver sulfadiazine and silver dressings may be used during the initial treatment phase. They are preferred to povidone-iodine due to the painful nature of the latter product. Compresses and creams containing silver sulfadiazine and hyaluronic acid with the status of medical devices are not currently funded by the national health insurance system.

In practice, management may be variable from one centre to another, although practices are tending to become harmonised based on available clinical evidence. There are two approaches: the first is the macerative approach, allowing a certain amount of bacterial growth, which contributes to wound debridement, and the second, used in paediatric patients, leaves the wound uncovered after cleaning, promoting drying out and asepsis. Tulle gras dressings must not be used in paediatric patients.

Role of the medicinal product in the care pathway:

Considering:
- not very robust data supporting the efficacy of silver sulfadiazine in the prevention and treatment of infections in the context of the management of second-degree or more severe burns in adults and children from 2 months of age,
- a risk of serious cutaneous, haematological and renal adverse effects, particularly in young children,

but considering:
- the exceptional nature of the serious adverse effects in view of the cumulative exposure,
- a partially met medical need, particularly in the event of extensive burns or burns affecting areas of the body where antiseptic dressings are not appropriate (face, hands),
- the benefit of having access to silver sulfadiazine in cream form, which is comfortable for patients when applied (analgesic and refreshing effect, less painful dressing changes than with antiseptic-impregnated dressings), although this benefit still remains to be demonstrated,

the Transparency Committee considers that the proprietary medicinal product FLAMMAZINE cream (silver sulfadiazine) is a first-line treatment in the therapeutic strategy for the prevention and treatment of infections in the context of the management of second-degree or more severe burns in adults and children from 2 months of age.

The Committee reiterates that burns managed in the community medicine setting that have not healed after 2 weeks of treatment require the medical opinion of a hospital department specialising in the management of burns, in accordance with the SPC for FLAMMAZINE (silver sulfadiazine).

COMMITTEE'S CONCLUSIONS

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

Clinical benefit

◗ Serious and extensive burns cause local disturbances, with loss of skin and multiple systemic functions. They require hospital management. They are accompanied by a marked deterioration in quality of life and may be life-threatening.

◗ FLAMMAZINE cream (silver sulfadiazine) is a preventive and curative treatment for infections associated with burns.

◗ The efficacy/adverse effects ratio of this medicinal product in this indication is at best low given the not very robust clinical efficacy data supporting the efficacy of silver sulfadiazine in the prevention and treatment of infections in the context of the management of second-degree or more severe burns and a risk of serious adverse effects, albeit rare in view of the cumulated exposure.

◗ This proprietary medicinal product is a first-line treatment in the care pathway for the prevention and treatment of infections in the context of the management of second-degree or more severe burns in adults and children from 2 months of age (see section 09 of this opinion).

◗ The therapeutic alternatives are medical devices containing silver sulfadiazine and hyaluronic acid (not included in list of products and services qualifying for reimbursement (LPPR)) or silver-based dressings; however, these alternatives are not appropriate for all clinical situations (extensive burns, face, hands).

Public health impact

Considering:

- the seriousness of second-degree and more severe burns, particularly if they are extensive and deep, due to the risk of infectious complications, which can progress to septicaemia,
- the high incidence of burns, all severities combined, estimated to be around 800,000 burns per year, including 7,000 to 8,000 cases requiring hospitalisation,
- the identified partially met medical need, particularly in the event of extensive second-degree burns or burns affecting areas of the body where antiseptic-impregnated dressings are not appropriate (face, hands),
- the non-demonstrated partial response to the medical need due to the additional impact of FLAMMAZINE (silver sulfadiazine) in terms of morbidity and mortality. Its efficacy is at best low (not very robust data) and its use is associated with important risks, albeit rare, in terms of safety (adverse cutaneous, haematological and renal effects),
- the lack of demonstrated impact on the organisation of care and the patient's care and/or life pathway,
- the absence of a demonstrated impact on patients' quality of life,

FLAMMAZINE cream (silver sulfadiazine) is unlikely to have an additional impact on public health.

Considering these elements, the Committee deems that the clinical benefit of FLAMMAZINE cream (silver sulfadiazine) is low in the new 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 new indication and at the MA dosages.

Clinical Added Value

<u>Considering</u>:

- **the partially met medical need, particularly in the event of extensive burns or burns affecting areas of the body where antiseptic dressings are not appropriate (face, hands),**
- **the potential but undemonstrated benefit of the cream formulation of FLAMMAZINE (silver sulfadiazine) in terms of patient comfort (analgesic and refreshing effect, less painful dressing changes than with antiseptic-impregnated dressings),**

<u>but considering</u>:

- **not very robust data supporting the efficacy of silver sulfadiazine in the prevention and treatment of infections in the context of the management of second-degree or more severe burns in adults and children from 2 months of age,**
- **a risk of serious adverse effects, albeit rare in view of the cumulated exposure,**

the Transparency Committee considers that the proprietary medicinal product FLAMMAZINE cream (silver sulfadiazine) provides no clinical added value (CAV V) in the therapeutic strategy for the prevention and treatment of infections in the context of the management of second-degree or more severe burns in adults and children from 2 months of age.