HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
9 FEBRUARY 2022

The legally binding text is the original French opinion version

bimekizumab
BIMZELX 160 mg solution for injection in pre-filled syringe and solution for injection in a pre-filled pen

First assessment

Key points

Favourable opinion for reimbursement in the treatment of plaque psoriasis in adults, in severe chronic forms only, defined by:
- failure (insufficient response, contraindication or intolerance) to at least two treatments including non-biologic systemic therapies and phototherapy,
- and an extensive form and/or significant psychosocial impact.

Unfavourable opinion for reimbursement in other forms of plaque psoriasis in adults.

This opinion is issued pending re-evaluation by the Committee of the reimbursement scope and role in the strategy of all the biologics not included in the PSOBIOTEQ 1 observational study, including BIMZELX (bimekizumab).

What therapeutic improvement?

Therapeutic improvement compared to COSENTYX (secukinumab).

Role in the care pathway?

Current psoriasis treatments do not result in the definitive cure of the condition, but allow for transient and more or less complete disappearance of the lesions. The therapeutic arsenal includes local and general treatments. Local treatments can be used alone or combined either with each other or with general treatments.

In the most severe forms, systemic treatments can be used: methotrexate (reference treatment), ciclosporin as an alternative to methotrexate, retinoids (acitretin) in certain clinical forms or in combination with phototherapy.

If these first-line systemic treatments fail or are not tolerated, systemic biological treatments are recommended: TNFα inhibitors (adalimumab, etanercept, infliximab, certolizumab pegol), IL12 and 23 interleukin inhibitors (ustekinumab), IL17 inhibitors (secukinumab, ixekizumab), IL17 receptor inhibitors (brodalumab) and IL23 inhibitors (risankizumab, guselkumab and tildrakizumab). According to the guidelines of the French society for Dermatology (2019), adalimumab (TNFα inhibitor) and ustekinumab (IL12 and 23 inhibitor) are the first-line systemic biological treatments. The role of apremilast (phosphodiesterase inhibitor 4) remains poorly defined with results significantly inferior to biological treatments.

The current treatment strategy is "rotational" between the different alternatives, the choice of treatment being guided by patient and disease characteristics (concomitant disease, extent of lesions, previous treatment history) and those of the proprietary medicinal product (adverse effects, cumulative dose).

Until its recent opinions of 2021, the Committee recommended that biological treatments be reserved for severe forms of plaque psoriasis in adults, defined by:
- failure (insufficient response, contraindication or intolerance) to at least two treatments including non-biologic systemic therapies and phototherapy,
- and an extensive form and/or significant psychosocial impact.

However, considering:
● the results of the PSOBIOTEQ observational study, with follow-up for 3 years, demonstrating the establishment in clinical practice of the medicinal products ENBREL (etanercept), REMICADE (infliximab), HUMIRA (adalimumab) or STELARA (ustekinumab):

- in patients meeting the MA indication for these medicines, i.e.:

o predominantly having a moderate to severe form of plaque psoriasis based on PGA score and PASI score, along with,

o extensive lesions and a moderate to high impact on quality of life for a high proportion of patients,

o in whom conventional systemic treatments (methotrexate, ciclosporin) or phototherapy have failed for the great majority of patients,

- without challenging the known safety profile for these medicinal products, in particular without demonstrating an increased risk of tumours and serious infections after 3 years of follow-up,

● pharmacovigilance data demonstrating a globally unchanged safety profile,

the Committee now considers that ENBREL (etanercept), REMICADE (infliximab), HUMIRA (adalimumab) and STELARA (ustekinumab), are second-line systemic treatments in moderate to severe forms of plaque psoriasis in adults in the event of failure (insufficient response, contraindication or intolerance) of a first-line non-biological systemic treatment (methotrexate, ciclosporin or acitretin) and possibly phototherapy. The Committee reiterates that methotrexate remains the reference non-biological treatment, in accordance with the guidelines of the French society for Dermatology (2019). The decision to initiate treatment should take into account the disease history, patients' characteristics, their treatment history and the severity of their disease, the latter being assessed on the basis of the appearance of the lesions, as well as how extensive they are, the impact of the disease on quality of life and its psychosocial impact.

The Committee has undertaken to reassess the reimbursement scope and the role in the care pathway of all the other biological therapies in plaque psoriasis in adults and children.

Role of the medicinal product in the care pathway

Pending re-evaluation of all the biological medicines not included in the PSOBIOTEQ 1 observational study, BIMZELX (bimekizumab, IL17A and IL17F inhibitor) is a treatment reserved for severe chronic forms of plaque psoriasis in adults, defined by:
- failure (insufficient response, contraindication or intolerance) to at least two treatments including non-biological systemic treatments and phototherapy
- and an extensive form and/or significant psychosocial impact.

Special recommendations

Given the risk of hypersensitivity reactions with bimekizumab administered subcutaneously (see section 4.4 of the SPC), but also with other biologics, the Transparency Committee recommends that the first subcutaneous injection of this medicinal product be given in an appropriate care structure.

COMMITTEE'S CONCLUSIONS

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

Clinical benefit

◗ Psoriasis is a chronic inflammatory skin condition, usually benign, that can, in its moderate to severe forms, have a significant impact on quality of life.

◗ BIMZELX 160 mg (bimekizumab) solution for injection in pre-filled syringe and pre-filled pen has a suspensive effect on symptoms.

◗ Its efficacy/adverse effects ratio is high.

◗ There are a very large number of medicinal alternatives.

◗ Pending re-evaluation of all the biological medicines not included in the PSOBIOTEQ 1 observational study, including BIMZELX (bimekizumab, IL17A and IL17F inhibitor), this medicinal product is a treatment reserved for severe chronic forms of plaque psoriasis in adults, defined by:
- failure (insufficient response, contraindication or intolerance) to at least two treatments including non-biological systemic treatments and phototherapy
- and an extensive form and/or significant psychosocial impact.

Public health impact

Considering:
- the severe condition of patients in chronic forms of psoriasis resistant to non-biologic systemic therapies, associated with a significant deterioration in quality of life, and its low prevalence;
- the partially met medical need, despite the existence of numerous alternatives, due to failures of available treatments and resistance phenomena;
- the partial response to the identified partially met need:
    - a demonstrated additional impact on morbidity compared to secukinumab in terms of PASI 100 response at weeks 16 and 48, compared to ustekinumab in terms of PASI 90 and IGA 0 or 1 responses at weeks 16 and 52 and compared to adalimumab, particularly in terms of PASI 90, PASI 100 and IGA 0 or 1 at weeks 16 and 24;
    - but:
        - the absence of a demonstrated impact in terms of quality of life due to the exploratory nature of the data provided;
        - the absence of a demonstrated impact in terms of morbidity compared to interleukin inhibitors, which have also demonstrated their superiority compared to secukinumab (guselkumab and risankizumab);
        - doubts with respect to the transposability of the results in the long term (beyond one year) in terms of efficacy, in a context of a known risk of treatment resistance for this class of drugs, and safety (immunogenic, carcinogenic and cardiovascular risks);
    - the lack of an additional impact on the organisation of care and the patient's care and/or life pathway;

BIMZELX (bimekizumab) is unlikely to have an additional impact on public health.

Considering all these elements, and pending re-evaluation of all the biological medicines not included in the PSOBIOTEQ 1 observational study, including BIMZELX (bimekizumab, IL17A and IL17F inhibitor), the Committee deems that the clinical benefit of the proprietary medicinal products BIMZELX 160 mg (bimekizumab) solution for injection in pre-filled syringe and pre-filled pen is:
- **substantial in the treatment of plaque psoriasis in adults, in severe chronic forms only, defined by:**

- failure (insufficient response, contraindication or intolerance) to at least two treatments including non-biological systemic treatments and phototherapy
- and an extensive form and/or significant psychosocial impact.

▪ insufficient in the other forms to justify public funding cover.

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 treatment of plaque psoriasis in adults, in severe chronic forms only defined by:

- **failure (insufficient response, contraindication or intolerance) to at least two treatments including non-biological systemic treatments and phototherapy**
- **and an extensive form and/or significant psychosocial impact.**

and at the MA dosages.

The Committee issues an unfavourable opinion for reimbursement in other forms of plaque psoriasis in adults.

This opinion is issued pending re-evaluation by the Committee of the reimbursement scope and role in the strategy of all the biologics not included in the PSOBIOTEQ 1 observational study, including BIMZELX (bimekizumab), in plaque psoriasis in adults.

◗ **Recommended reimbursement rate: 65%**

Clinical Added Value

In the indication retained for reimbursement

Considering:

- demonstration of the superiority of bimekizumab (IL17A and IL17F inhibitor) compared to secukinumab (IL17A inhibitor), with a clinically relevant effect size for a demanding endpoint, PASI 100 response at week 16 (primary endpoint: 62.0% with bimekizumab Q4W versus 48.9 %, $p < 0.001$) and at week 48 (ranked secondary endpoint: 73.5% and 66.0% with bimekizumab Q4W and Q8W versus 48.3%, $p < 0.001$);
- demonstration of the superiority of bimekizumab compared to:
  - ustekinumab (IL12 and 23 inhibitor) in terms of PASI 90 and IGA 0 or 1 responses at weeks 16 and 52, and
  - adalimumab (TNF inhibitor), particularly in terms of PASI 90, PASI 100 and IGA 0 or 1 responses at weeks 16 and 24;
- a safety profile mainly marked by infections (rhinopharyngitis and fungal infections, such as oral candidiasis), headaches and injection site reactions;

But taking into account:

- the absence of a demonstrated impact in terms of quality of life, despite this being particularly impacted in this condition;
- uncertainties with respect to the long-term efficacy (beyond one year) and safety (beyond two years);

The Transparency Committee considers that BIMZELX 160 mg (bimekizumab) solution for injection in pre-filled syringe and pre-filled pen provides a minor clinical added value (CAV IV) compared to COSENTYX (secukinumab) in adults with severe chronic plaque psoriasis, defined by:

- **failure (insufficient response, contraindication or intolerance) to at least two treatments including non-biologic systemic therapies and phototherapy,**
- **and an extensive form and/or significant psychosocial impact.**