HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
17 FEBRUARY 2021

The legally binding text is the original French opinion version

cenobamate
ONTOZRY 12.5 mg + 25 mg, 50 mg, 100 mg, 150 mg and 200 mg film-coated tablets

First assessment

Key points

Favourable opinion for reimbursement in the adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least two anti-epileptic medicinal products.

What therapeutic improvement?

No clinical added value in the therapeutic strategy.

Role in the care pathway?

The objective of medicinal treatment is the absence of seizures combined with good tolerability of treatment, where possible. Where this is not possible, medicinal treatment aims to reduce the number of seizures, with the best possible quality of life. The therapeutic strategy should be tailored individually, in liaison with patients and/or their families and/or legal representatives, based on the patient's characteristics (sex, age, etc.), seizure type, syndrome diagnosis, existing medicinal products and treatments, comorbidities and lifestyle. Epilepsy does not systematically require the prescription of a long-term treatment.

Anti-epileptic monotherapy should be used as first-line treatment. When the first-line treatment is not sufficiently effective at the maximum dose or is poorly tolerated, monotherapy using another drug should be initiated. The anti-epileptic drug replacement period should be carefully monitored.

In the majority of cases, it is recommended to use an anti-epileptic dual therapy when two successive monotherapies, appropriate to the diagnosis of the seizures or syndrome and at optimal doses, have not enabled complete control of seizures. If dual therapy does not stop seizures completely or is poorly tolerated, the anti-epileptic therapy (monotherapy or dual therapy) having achieved the best level of seizure control, along with a satisfactory efficacy/safety balance, should be chosen.

Patients should be referred to an expert centre in the event of drug resistance, epilepsy liable to be eligible for surgical treatment or epilepsy associated with a known or suspected rare disease.

At present, in the treatment of focal-onset seizures, meta-analyses and marketing authorisations do not enable any particular medicinal product to be prioritised in the treatment of focal-onset seizures in adults.

Role of ONTOZRY (cenobamate) in the care pathway:

ONTOZRY (cenobamate) is an additional treatment option in the adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least two anti-epileptic medicinal products (drug resistant).

The potential benefit of cenobamate in focal-onset seizures with or without secondary generalisation should take into account the efficacy and safety of the product, as well as

the effects observed in patients with a specific diagnosis.

The Summary of Product Characteristics (SPC) and the Risk Management Plan (RMP) must be complied with. The use of this medicinal product in pregnant or breast-feeding women must comply with the SPC.

COMMITTEE'S CONCLUSIONS

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

Clinical benefit

◗ Repeated, generally spontaneous epileptic seizures can have direct consequences, such as serious injury, and can result in psychological disturbances in the medium to long term, a marked deterioration in quality of life and a detrimental impact on the school and socioprofessional integration of patients.
◗ The proprietary medicinal product ONTOZRY (cenobamate) is a symptomatic or preventive medicinal product for focal-onset seizures with or without secondary generalisation.
◗ The efficacy/adverse effects ratio is high.
◗ There are therapeutic alternatives in the indication (see section 05 Comparators).
◗ ONTOZRY (cenobamate) is an alternative as adjunctive third-line therapy in the treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least two anti-epileptic medicinal products.

Public health impact

Considering:
- the seriousness of the condition and its prevalence,
- the partially met medical need,
- the lack of additional response to the identified medical need due to the absence of any demonstrated impact on morbidity and mortality or quality of life,
- the absence of data supporting an impact on the patient's care and/or life pathway.

ONTOZRY (cenobamate) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of ONTOZRY (cenobamate) is substantial in the adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least two anti-epileptic medicinal products.

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 and at the MA dosages.

◗ **Recommended reimbursement rate: 65%**

Clinical Added Value

Considering:

- demonstration of the superiority of cenobamate, in combination with other anti-epileptic medicinal products, on the variation in focal-onset seizure frequency compared to placebo,
- the absence of direct comparison with clinically relevant active comparators,
- the medical need to have access to new treatments for the management of epilepsy in adults,

the Committee deems that ONTOZRY (cenobamate) provides no clinical added value (CAV V) in the adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who have not been adequately controlled despite treatment with at least two anti-epileptic medicinal products.