OPINION ON MEDICINAL PRODUCTS

botulinum toxin A

DYSPORT 300 units and 500 units SPEYWOOD

powder for solution for injection

New indication(s)

Adopted by the Transparency Committee on 23 November 2022

SUMMARY

The legally binding text is the original French opinion version

Key points

Approval of reimbursement for the indication “treatment of urinary incontinence in adults with neurogenic detrusor overactivity due to spinal cord injury (trauma- related or not) or multiple sclerosis, who perform regular intermittent self-catheterisation” only in patients failing to respond or intolerant to anticholinergic medicinal products.

Disapproval of inclusion in the list of proprietary medicinal products approved for community use in other contexts (anticholinergic treatment-naive patients).

Therapeutic improvement?

No therapeutic improvement.

Role of medicinal product in therapeutic strategy?

The treatment of neurogenic detrusor overactivity (NDO) combines intermittent self-catheterisation (ISC) and pharmacological NDO treatment or surgery. ISC helps completely empty the bladder regularly. Pharmacological treatment combats the cause of incontinence and helps prevent risks of complications on the upper urinary tract by reducing endovesical pressure during filling:

- As a first-line treatment, anticholinergic medicinal products are used.
- According to recent *European Association of Urology* (EAU) guidelines, botulinum toxin injections are recommended as a second-line treatment for urinary incontinence uncontrolled by anticholinergic treatment in spinal cord injury patients and in multiple sclerosis patients. To date, only the proprietary medicinal product BOTOX has a marketing authorisation for this indication.

The effect of these medicinal products may become insufficient or cause discomforting and/or serious adverse effects. In some clinical contexts and/or in the event of failure to respond to drug treatment, urological surgery becomes necessary (enterocystoplasty in particular).

Role of the medicinal product

DYSPORT is a second-line treatment after failure to respond or intolerance to anticholinergic agents. For anticholinergic medicinal product-naive patients, its role, like that of BOTOX, has not been established.

Committee's conclusions

Clinical Benefit

- Urinary incontinence from neurogenic detrusor overactivity (NDO) can be defined as urine leakages secondary to "uninhibited, spontaneous or induced detrusor muscle contractions during the bladder filling phase, of neurological origin". It is frequently observed in cases of central neurological damage, particularly in cases of spinal cord injury and multiple sclerosis. It causes urinary incontinence associated with urgency of urination. It significantly impairs the patient's quality of life with an impact on their sexual function, social and family life. In addition, it can cause life-threatening complications. As such, symptomatic urinary tract infection is the leading cause of morbidity and hospitalisation in spinal cord injury patients with neurogenic bladder. Chronic kidney failure, upper urinary tract dilatation, the onset of calculi and urinary tract infections are possible complications. The risk for the upper urinary tract is directly correlated with intravesical pressure status. Impairment represents the primary cause of morbidity-mortality in this cohort (chronic kidney failure).
- The proprietary medicinal product DYSPORT (botulinum toxin A) is a symptomatic medicinal product aimed at improving quality of life and used for preventive purposes: it could help prevent complications on the upper urinary tract (kidney failure, calculi and infections in particular).
- The efficacy/adverse effect ratio of DYSPORT (botulinum toxin A) is significant only for patients failing to respond or intolerant to anticholinergic medicinal products. It has not been established for anticholinergic treatment-naive patients.
- Alternatives are available: anticholinergic medicinal products as first-line treatment and botulinum toxin (BOTOX) as second-line treatment.
- It is a second-line treatment for neurogenic detrusor overactivity where urinary incontinence is not controlled by anticholinergic medicine. Its role as a first-line treatment has not been established.

- **Public health benefit**

Considering:

- the severity of bladder detrusor overactivity with urinary incontinence in multiple sclerosis patients and spinal cord injury patients,
- the poorly met medical need among these patients,
- the response to the identified need with a moderate impact of DYSPORT on morbidity and bearing in mind that the data on continued efficacy and on long-term safety stem from the follow-up of only patients having completed the double-blind phase of pivotal clinical studies,
- the clinically relevant improvement of quality of life as per I-QOL, observed in the trials at week 6, the patient follow-up data not changing this assessment,

DYSPORT, like BOTOX (botulinum toxin A), is likely to have an additional impact on public health.

Considering all of these elements, the Committee deems that the clinical added value of DYSPORT (botulinum toxin A) is significant for the indication "treatment of urinary incontinence in adults with neurogenic detrusor overactivity due to spinal cord injury (trauma-related or not) or multiple sclerosis, who perform regular intermittent self-catheterisation" only in patients failing to respond or intolerant to anticholinergic medicinal products.

The Committee approves inclusion in the list of proprietary medicinal products approved for community use only for patients failing to respond or intolerant to anticholinergic medicinal products and at the marketing authorisation dosages.

The Committee disapproves inclusion in the list of proprietary medicinal products approved for community use for anticholinergic treatment-naive patients.

Clinical Added Value

Considering the data available, the Committee deems that DYSPORT (botulinum toxin A) provides no clinical added value (**CAV V**) with respect to BOTOX (botulinum toxin A) for the treatment of urinary incontinence uncontrolled by anticholinergic treatment in adults with neurogenic detrusor overactivity due to spinal cord injury (trauma-related or not) or multiple sclerosis, who perform regular intermittent self-catheterisation.

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