SUMMARY

dupilumab

DUPIXENT 200 mg and 300 mg,

Solution for injection in prefilled syringe

Indication extension

Adopted by the Transparency Committee on 19 April 2023

The legally binding text is the original French opinion version

Key points

Favourable opinion for reimbursement in the following indication: “treatment of severe atopic dermatitis in children 6 months to 5 years old who are candidates for systemic therapy”.

What therapeutic improvement?

These proprietary medicinal products are likely to have an additional impact on public health.

Role in the care pathway?

DUPIXENT (dupilumab) is a first-line systemic treatment to be reserved for severe forms of atopic dermatitis following the failure of topical corticosteroid therapy, despite optimisation of cortico-steroid therapy, by means of patient education measures, for example, in the event of corticosteroid phobia.

Transparency Committee's conclusions

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 prefilled syringe have a suspensive effect on symptoms.
- In children 6 months to 5 years old, the efficacy/adverse effects ratio is high.
- This is a first-line systemic treatment to be reserved for severe forms of atopic dermatitis following the failure of topical corticosteroid therapy, despite optimisation of corticosteroid therapy, by means of patient education measures, for example, in the event of corticosteroid phobia.
- There are therapeutic alternatives (immunosuppressants: ciclosporin, methotrexate and azathioprine) used off-label in children, for which the level of evidence is low and with a toxicity that limits their use.

Public health benefit

Considering:

- the absence of seriousness of atopic dermatitis but the significant impairment in quality of life of patients and their families in its most severe forms, confirmed by patient associations,
- 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 developed specifically in children, that improve quality of life,
- the partial response to the identified need:
  - an expected additional impact on morbidity and quality of life, demonstrated, in combination with topical corticosteroids, in a phase III placebo-controlled clinical study on relevant endpoints (IGA 0 or 1, EASI 75/90, pruritus, pain), despite the exploratory nature of the data in the subpopulation of children with severe AD who are candidates for systemic treatment (population of the MA) and uncertainties with respect to the long-term efficacy and safety, particularly in children aged < 2 years, little represented in this study,
  - an expected additional impact on the organisation of care given the availability of the first systemic treatment with an MA in children 6 months to 5 years old in the treatment of AD,
  - an expected additional impact on patients' care and/or life pathway, given the significant improvements observed in sleep and quality of life for patients and their families, and the dosage of the medicinal product, enabling it to be administered every 4 weeks,

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

Considering all these elements, the Committee deems that the clinical benefit of DUPIXENT 200 mg and 300 mg (dupilumab) solution for injection in prefilled syringe is substantial in the MA indication.

The Committee issues a favourable opinion for inclusion of DUPIXENT 200 mg and 300 mg (dupilumab) solution for injection in prefilled syringe in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and at the MA dosages.

➔ **Recommended reimbursement rate for inclusion in the retail list of reimbursed proprietary medicinal products approved for use: 65%**

Clinical Added Value

Considering:

- demonstration of the superiority of dupilumab compared to placebo, in combination with topical corticosteroids, in a phase III study of good methodological quality, in children 6 months to 5 years old with moderate to severe atopic dermatitis who are candidates for systemic therapy, with a significant and clinically relevant additional effect size on:
  - the two ranked primary efficacy endpoints after 16 weeks of treatment: percentage of IGA = 0 or 1 responders (27.7% versus 3.9%, $p < 0.0001$) and percentage of EASI 75 responders (53.0% versus 10.7%, $p < 0.0001$),
  - the ranked secondary endpoints, including, in particular, the percentage of EASI 90 responses (25.3% versus 2.8%, $p < 0.0001$), the percentage of patients with a reduction in peak pruritus score ≥ 4 (48.1% versus 8.9%, $p < 0.0001$), the mean variation in skin pain (VAS from 0 to 10: -3.9 versus -0.6, $p < 0.0001$),
- demonstration of a statistically significant and clinically relevant improvement in sleep quality, and quality of life of patients and their families (assessed as ranked secondary endpoints) at week 16, and
- similar results (exploratory) observed in the subgroup of children with severe AD (77% of the sample) for all the endpoints,
- similar efficacy and safety to those observed in older children, adolescents and adults,
- the substantial medical need given the absence of validated alternatives in the management of children requiring systemic treatment,

despite:

- uncertainties with respect to maintenance of efficacy beyond 16 weeks and long-term maintenance of the safety profile,
- uncertainties with respect to the efficacy and safety of dupilumab in children 6 months to 1 year of age, who were little represented in the study (6 patients treated),

the Committee deems that DUPIXENT 200 mg and 300 mg (dupilumab) solution for injection in prefilled syringe provides a moderate clinical added value (CAV III) in the current care pathway for severe atopic dermatitis in children 6 months to 5 years old who are candidates for systemic therapy.