SUMMARY

evinacumab

EVKEEZA 150 mg/ml

concentrate for solution for infusion

Indication extension

Original French opinion adopted by the Transparency Committee on 24 April 2024

The legally binding text is the original French opinion version

Summary of opinion

Favourable opinion for reimbursement of EVKEEZA (evinacumab) in the treatment of paediatric patients aged 5 to 11 years with homozygous familial hypercholesterolaemia (HoFH) as an adjunct to diet and other low-density lipoprotein-cholesterol (LDL-C) lowering therapies.

Transparency Committee's conclusions

Clinical Benefit

- Homozygous familial hypercholesterolaemia is a very rare and severe disease, characterised by the presence of extravascular cholesterol deposits, high LDL levels (> 500 mg/dl) and cardiovascular diseases, from childhood onwards. Such diseases are favoured by these dyslipidaemias and can be prematurely life-threatening due to complications.
- The proprietary medicinal product EVKEEZA (evinacumab) is a preventive treatment.
- The efficacy of EVKEEZA (evinacumab) in combination with other lipid-lowering therapies (statins + other lipid-lowering medications +/- LDL-apheresis) has been demonstrated on reduction of LDL-c levels. The efficacy in terms of morbidity and mortality has therefore only been partially demonstrated to date. However, the efficacy/adverse effects ratio is high.
- It is a last-line treatment that should be reserved for children aged 5 to 11 years with uncontrolled HoFH, as an adjunct to a low-fat diet and in combination with an optimised oral lipid-lowering treatment, including at least one statin and ezetimibe, with or without LDL apheresis.

➔ Public health benefit

Considering:

- the seriousness of the cardiovascular diseases promoted by HoFH,
- the rarity of this disease with a low prevalence, particularly in children,
- the medical need to have access to effective and well-tolerated medicines in children with HoFH,
- the partial response of EVKEEZA (evinacumab) to the medical need, due to:
  - the demonstrated impact of EVKEEZA (evinacumab) on LDL-c reduction but in the absence of comparative data and a fully demonstrated impact on morbidity and mortality,
  - the lack of evidence of an impact of EVKEEZA (evinacumab) on quality of life and the organisation of care,

EVKEEZA (evinacumab) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of EVKEEZA (evinacumab) 150 mg/ml concentrate for solution for infusion is substantial in the MA indication.

The Committee issues a favourable opinion for inclusion of EVKEEZA (evinacumab) 150 mg/ml concentrate for solution for infusion in the list of covered drugs for inpatients approved for use in the indication and at the MA dosages.

Clinical Added Value

Considering:

- demonstration of an LDL-c reduction of 48.3% after 24 weeks in children aged 5 to 11 years with homozygous familial hypercholesterolaemia (HoFH) not controlled by optimised lipid-lowering therapy in a non-comparative phase 1b/3 trial but for which the results are consistent with those obtained in adults and adolescents;
- the extrapolation, considered to be valid by the EMA, of efficacy data for evinacumab to children with HFHo based on the results obtained in adults and adolescents in the ELIPSE-HoFH multicentre, randomised, double-blind trial, which had demonstrated an LDL-c reduction of 49% after 24 weeks;
- the inadequately met medical need to have access to effective and well-tolerated medicines in children not controlled despite optimised lipid-lowering treatment, in particular those with a biallelic mutation on the LDLR gene devoid of functional LDLR receptors;
- the safety profile of evinacumab in the paediatric population judged to be acceptable to date and consistent with that observed in adults and adolescents aged 12 years and older;

and despite:

- the lack of comparative data;
- uncertainties with respect to the safety profile of evinacumab due to its new mechanism of action and limited follow-up in the paediatric population aged 5 to 11 years;
- the lack of quality of life data;

the Transparency Committee deems that EVKEEZA (evinacumab) 150 mg/ml concentrate for solution for infusion provides a moderate clinical added value (CAV III) in the care pathway

for the treatment of children aged 5 to 11 years with homozygous familial hypercholesterolaemia (HoFH) as an adjunct to diet and other low-density lipoprotein-cholesterol (LDL-C) lowering therapies.