SUMMARY

empagliflozin

JARDIANCE 10 mg, 25 mg

film-coated tablets

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 only in the "treatment of children aged 10 years and above with type 2 diabetes mellitus insufficiently controlled by metformin as monotherapy, as an adjunct to diet and exercise, only in combination:
- **as dual therapy only with metformin,**
- **as triple therapy only with metformin and insulin".**

Unfavourable opinion for reimbursement in the other situations covered by the MA indication.

Transparency Committee's conclusions

Clinical Benefit

- Type 2 diabetes in children, a specific entity for which the prevalence is increasing along with that of obesity, is a chronic disease with potentially serious complications, particularly cardiovascular.
- This is a symptomatic medicinal product.
- Considering the results of the phase 3 placebo-controlled trial conducted in combination (dual therapy with metformin or triple therapy with metformin and insulin) not enabling the effect size of empagliflozin as monotherapy to be assessed, the efficacy/adverse effects ratio is high only in combination and has not been adequately established as monotherapy.
- This is a second or third-line treatment in view of the therapies available.

Public health benefit

Considering:
- the seriousness of the disease and its prevalence,
- the currently partially met medical need,

- the partial response to the identified need given
  - the impact demonstrated only for the intermediate laboratory endpoint, HbA1c variation, in a group of patients aged from 10 to 18 years, treated with empagliflozin 10 mg or 25 mg, with no interpretable result for each of the empagliflozin strengths,
  - the lack of evidence of an impact on morbidity and mortality or quality of life endpoints in this paediatric and adolescent population, with an impact having been demonstrated on cardio-vascular and renal endpoints in adults only,
  - the lack of an expected additional impact on the organisation of care and the care and/or life pathway for patients or their families, given the lack of data supporting this in the paediatric and adolescent population,

JARDIANCE (empagliflozin) is unlikely to have an additional impact on public health.

Given all these elements, the Committee deems that the clinical benefit of JARDIANCE (empagliflozin) 10 mg and 25 mg filmed tablets is:

- **substantial only in the indication for "treatment of children aged 10 years and above with type 2 diabetes mellitus insufficiently controlled by metformin as monotherapy, as an adjunct to diet and exercise, only in combination:**
  - **as dual therapy only with metformin,**
  - **as triple therapy only with metformin and insulin".**
- **insufficient to justify public funding cover in view of the available alternatives in the other MA situations.**

The Committee issues the following opinions:

- **favourable opinion for inclusion of JARDIANCE (empagliflozin) 10 mg and 25 mg film-coated tablets in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use in the indication only in the "treatment of children aged 10 years and above with type 2 diabetes mellitus insufficiently controlled by metformin as monotherapy, as an adjunct to diet and exercise, only in combination:**
  - **as dual therapy only with metformin,**
  - **as triple therapy only with metformin and insulin", and at the MA dosages.**
- **an unfavourable opinion for inclusion of JARDIANCE (empagliflozin) 10 mg and 25 mg film-coated tablets in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use in the other situations covered by the MA indication.**

➔ **Recommended reimbursement rate for inclusion in the list of covered drugs for outpatients: 65%**

Clinical Added Value

Considering:

- the results of a randomised, double-blind trial in parallel groups, conducted in 158 patients from 10 to 18 years old having demonstrated a superiority of empagliflozin all strengths 10 mg or 25 mg versus placebo, on an intermediate laboratory endpoint, HbA1c variation, with no interpretable result for each of the empagliflozin strengths,
- demonstration of the efficacy on this endpoint only as dual therapy in combination with metformin or as triple therapy with metformin and basal insulin, with an effect size that appears to be modest, as has been observed in adults,
- the absence of data on morbidity and mortality in this population of children and adolescents; however, in adults, the EMPAREG-OUTCOME study demonstrated the superiority of empagliflozin compared to placebo for the reduction of major cardiac events (death from cardiovascular causes, nonfatal myocardial infarction, or nonfatal stroke), and the EMPA-KIDNEY study demonstrated an efficacy of empagliflozin compared to placebo in chronic kidney disease,
- the absence of quality of life data, in this disease with a marked impact on quality of life,
- the safety profile of empagliflozin, which appears to be favourable in the paediatric and adolescent population, with limited follow-up however,

the Committee deems that JARDIANCE (empagliflozin) provides no clinical added value (CAV V) in the current care pathway, which includes clinically relevant comparators (see section 5.2) in the treatment of children aged 10 years and above with type 2 diabetes mellitus insufficiently controlled by metformin as monotherapy, as an adjunct to diet and exercise, only in combination (dual therapy with metformin and triple therapy with metformin and insulin).