SUMMARY

relugolix/estradiol/norethisterone acetate

RYEQO 40 mg/1 mg/0,5 mg

film-coated tablets

First listing

Original French opinion adopted by the Transparency Committee on 10 July 2024

The legally binding text is the original French opinion version

Summary of opinion

Favourable opinion for reimbursement "in adult women of reproductive age for symptomatic treatment of endometriosis in women with a history of previous medical or surgical treatment for their endometriosis."

Transparency Committee's conclusions

Clinical Benefit

- Endometriosis-related pain has an impact on quality of life.
- This is a symptomatic medicinal product.
- The efficacy/adverse effects ratio is high.
- This is a second-line treatment with regard to the available therapies.

Public health benefit

Considering:

- the seriousness of the disease and its impact on quality of life, its prevalence/incidence,
- the partially met medical need,
- the partial response to the identified need given:
  - a demonstrated impact of RYEQO (relugolix/estradiol/norethisterone acetate) based on the results of two phase 3 clinical studies having demonstrated an analgesic efficacy versus placebo, despite the fact that clinically relevant comparators exist, on dysmenorrhea and non-menstrual pelvic pain, with a non-negligible placebo effect, assessed on the basis of scores for which the thresholds set are debatable.
  - the lack of evidence of an impact on the organisation of care, and the care and/or life pathway for patients,

RYEQO (relugolix/estradiol/norethisterone acetate) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of RYEQO (relugolix/estradiol/norethisterone acetate) is substantial in the MA indication.

The Committee issues a favourable opinion for inclusion of RYEQO (relugolix/estradiol/ norethisterone acetate) in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use in the indication and at the MA dosages.

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

Clinical Added Value

Considering:

- the demonstrated superiority of RYEQO (relugolix/estradiol/norethisterone acetate) versus placebo on the two co-primary endpoints (dysmenorrhea and non-menstrual pelvic pain) in two phase 3 clinical studies with a comparable methodology, despite the fact that clinically relevant comparators exist and a comparison would have been possible,
- the analgesic efficacy versus placebo, which appears to be more marked on dysmenorrhoea than on non-menstrual pelvic pain, with a non-negligible placebo effect, assessed on the basis of scores for which the thresholds set are debatable, and opioid consumption that reduces significantly but is not eliminated with the use of RYEQO (relugolix/estradiol/norethisterone acetate),
- the safety profile of RYEQO (relugolix/estradiol/norethisterone acetate), which appears to be favourable; however, the maximum follow-up of 104 weeks of treatment only concerns a population of 163 patients, making it impossible to guarantee the absence of an effect on bone mineral density with longer-term use. As a precaution, women with a history of a low trauma fracture or other risk factors for osteoporosis or bone loss could not be included in the studies,
- the occurrence of pregnancies during the studies calls into question the contraceptive efficacy of RYEQO (relugolix/estradiol/norethisterone acetate); these pregnancies possibly being related to omission of doses in the majority of the women concerned in the month prior to the estimated conception date,

the Transparency Committee considers that RYEQO (relugolix / estradiol / norethisterone acetate) provides no clinical added value (CAV V) in the care pathway for the symptomatic treatment of endometriosis in adult women of reproductive age with a history of previous medical or surgical treatment for their endometriosis.