SUMMARY

alirocumab

PRALUENT 75 mg, 150 mg, 300 mg

solution for injection in pre-filled pen

Indication extension

Original French opinion adopted by the Transparency Committee on 29 May 2024

The legally binding text is the original French opinion version

Summary of opinion

Favourable opinion for reimbursement in paediatrics only, in children and adolescents aged 8 years and over with heterozygous familial hypercholesterolaemia (HFHe) inadequately controlled (LDL-c > 130 mg/L) with oral lipid-lowering treatment at the maximum tolerated dose, as an adjunct to diet, and:

- **in combination with an optimised lipid-lowering therapy;**
- **or as monotherapy in the event of contraindication or known intolerance to both statins and ezetimibe.**

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

Transparency Committee's conclusions

Clinical Benefit

- The cerebro- and cardiovascular diseases promoted by heterozygous hypercholesterolaemia can be life-threatening and impact quality of life in the event of disabling sequelae.
- This is a preventive medicinal product.
- The efficacy of PRALUENT (alirocumab) in combination with other lipid-lowering medications 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.
- This is a third-line treatment in view of the therapies available, in children and adolescents aged 8 years and over with heterozygous familial hypercholesterolaemia (HFHe) inadequately controlled (LDL-c > 130 mg/L) with oral lipid-lowering treatment at the maximum tolerated dose,

as an adjunct to lifestyle and dietary measures and in combination with an optimised oral lipid-lowering therapy.

➔ Public health benefit

Considering:

- the seriousness of the disease and its high prevalence;
- the partially met medical need;
- the partial response to the medical need given:
  - the demonstrated impact of PRALUENT (alirocumab) on LDL-c reduction but in the absence of a fully demonstrated impact on morbidity and mortality,
  - the lack of evidence of an impact of PRALUENT (alirocumab) on quality of life and the organisation of care.

PRALUENT (alirocumab) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of PRALUENT (alirocumab) 75 mg, 150 mg and 300 mg solution for injection is:

- **substantial in paediatrics only, in children and adolescents aged 8 years and over with heterozygous familial hypercholesterolaemia (HFHe) inadequately controlled (LDL-c > 130 mg/L) with oral lipid-lowering treatment at the maximum tolerated dose, as an adjunct to diet, and:**
  - **in combination with an optimised lipid-lowering therapy;**
  - **or as monotherapy in the event of contraindication or known intolerance to both statins and ezetimibe.**
- **insufficient to justify public funding cover in the other clinical situations covered by the MA indication for the paediatric population.**

The Committee issues the following opinions:

- **a favourable opinion for inclusion of PRALUENT (alirocumab) 75 mg, 150 mg and 300 mg solution for injection in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use only within the scope retained and at the MA dosages in the paediatric population.**
- **an unfavourable opinion for inclusion of PRALUENT (alirocumab) 75 mg, 150 mg and 300 mg solution for injection in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use in the other clinical situations covered by the MA indication for the paediatric population.**

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

Clinical Added Value

Considering:

- evidence of the superiority of PRALUENT (alirocumab) compared to placebo in terms of the reduction in LDL-c levels at 24 weeks (biological primary endpoint) in a comparative, randomised, double-blind study, with a moderate effect size (- 33.8%; $CI_{97.5\%}$ = [- 46.4; - 21.2]; p < 0.0001);
- the absence of data relative to a potential effect of alirocumab on morbidity and mortality in children and adolescents aged 8 years and over;
- the paediatric safety profile judged to be acceptable but with persistent uncertainties concerning the impact of the marked reduction in LDL-c on the neurocognitive functions and growth of the children;
- the absence of treatment compliance and quality of life data;
- the currently partially met medical need;

the Committee deems that PRALUENT (alirocumab) 75 mg, 150 mg and 300 mg solution for injection provides no clinical added value (CAV V) in the current care pathway for the treatment of heterozygous familial hypercholesterolaemia in children and adolescents aged 8 years and over.