SUMMARY

cerliponase alfa

BRINEURA 150 mg

solution for infusion

Reassessment at the request of the TC

Adopted by the Transparency Committee on 27 November 2024

Summary of opinion

Favourable opinion for maintenance of reimbursement in "the treatment of neuronal ceroid lipofuscinosis type 2 (CLN2) disease, also known as tripeptidyl peptidase 1 (TPP1) deficiency".

Transparency Committee's conclusions

Clinical Benefit

- Neuronal ceroid lipofuscinosis type 2 (CLN2) disease, also known as tripeptidyl peptidase 1 (TPP1) deficiency, is a rare, serious genetic childhood disease, progressing rapidly and resulting in complete loss of motor and language capacities in 2.5 years. CLN2 disease significantly impairs vision, activities of daily living and quality of life and is life-threatening. The average age of death is between 8 and 12 years, in a context of major and multiple disabilities.
- This is a curative replacement therapy.
- The efficacy/adverse effects ratio is high.
- BRINEURA (cerliponase alfa) is a first-line enzyme replacement therapy that slows down the progression of the disease in terms of its effects on motor and language components.

Public health benefit

Considering:

- the seriousness of the disease and its rarity,
- the partially met medical need,
- the partial response to the identified need given:
  - an expected, although not formally demonstrated, additional impact on morbidity and mortality; an additional impact on quality of life has not been demonstrated to date,
  - the potential impact on the organisation of care related to the method of administration of BRINEURA (cerliponase alfa) (hospitalisation, AEs, etc.), which has not yet been assessed, due to a lack of data provided,

BRINEURA (cerliponase alfa) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of BRINEURA 150 mg (cerliponase alfa) solution for infusion remains substantial in the MA indication.

The Committee issues a favourable opinion for maintenance of inclusion of BRINEURA 150 mg (cerliponase alfa) 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:

- limited initial efficacy data from a non-comparative study, demonstrating a slowdown in disease progression based on a score assessing two components, i.e. motricity and language, after a maximum of 96 weeks of treatment, with no mortality data; with comparison of the results with those from an untreated patient cohort suggesting a benefit of treatment for the motricity/language score,
- new data from three studies with a longer follow-up period, i.e. a post-authorisation efficacy study (PAES) in 13 patients after 144 weeks of treatment, an extension study (190-202) of the initial study (190-201) in 23 patients with follow-up of around 5 years, a post-authorisation safety study (COMPASS), still ongoing, in 48 patients, including 8 French patients, with a mean (SD) treatment duration for all patients of 5.2 (2.05) years,
- comparative analyses, not without bias, for each of these studies on the efficacy of cerliponase alfa versus data from a historic cohort of patients not treated with cerliponase alfa, suggesting a benefit on the motricity/language score,
- safety data with a longer follow-up that did not evidence any new signals, the safety profile of BRINEURA (cerliponase alfa) being characterised by events associated with the medicinal product and its administration method by the intracerebroventricular route,
- the identified medical need in the treatment of neuronal ceroid lipofuscinosis type 2 (CLN2) disease, a rare, genetic childhood disease rapidly progressing to disability and with a fatal outcome,

the Committee considers that BRINEURA 150 mg (cerliponase alfa) solution for infusion maintains a moderate clinical added value (CAV III) in the care pathway for neuronal ceroid lipofuscinosis type 2 (CLN2) disease.