SUMMARY

dupilumab

DUPIXENT 300 mg

solution for injection in pre-filled syringe or pre-filled pen

Indication extension

Adopted by the Transparency Committee on 25 September 2024

Summary of opinion

Favourable opinion for reimbursement "in adults as add-on maintenance treatment for uncontrolled chronic obstructive pulmonary disease (COPD) characterised by raised blood eosinophils on a combination of an inhaled corticosteroid (ICS), a long-acting beta2-agonist (LABA), and a long-acting muscarinic antagonist (LAMA), or on a combination of a LABA and a LAMA if ICS is not appropriate".

Transparency Committee's conclusions

Clinical Benefit

- COPD leads to disability and a marked deterioration in quality of life and may be life-threatening.
- DUPIXENT (dupilumab) is a symptomatic medicinal product.
- The efficacy/adverse effects ratio is modest.
- There are no medicinal products with this indication.
- DUPIXENT (dupilumab) can be administered in adults as add-on maintenance treatment for uncontrolled COPD with raised blood eosinophils on a combination of an inhaled corticosteroid (ICS), a long-acting beta2-agonist (LABA), and a long-acting muscarinic antagonist (LAMA), or on a combination of a LABA and a LAMA if ICS is not appropriate.

Public health benefit

Considering:

- the severity of the disease in patients who continue to have exacerbations despite optimal treatment with triple inhaled therapy (ICS/LABA/LAMA) or dual therapy (LABA/LAMA) if ICS is not appropriate;
- the low prevalence of COPD with raised blood eosinophils not controlled with triple inhaled therapy (ICS/LABA/LAMA) or dual therapy (LABA/LAMA) if ICS is not appropriate;
- the inadequately met medical need;
- evidence of an additional impact on morbidity and mortality;
- the lack of an expected impact on the organisation of care;

DUPIXENT (dupilumab) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of DUPIXENT (dupilumab) is moderate in adults as add-on maintenance treatment for uncontrolled chronic obstructive pulmonary disease (COPD) characterised by raised blood eosinophils on a combination of an inhaled corticosteroid (ICS), a long-acting beta2-agonist (LABA), and a long-acting muscarinic antagonist (LAMA), or on a combination of a LABA and a LAMA if ICS is not appropriate.

The Committee issues a favourable opinion for inclusion of DUPIXENT (dupilumab) in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use in the above indication and at the MA dosages.

Clinical Added Value

Considering:

- evidence of the superiority of DUPIXENT (dupilumab) compared to placebo, as add-on therapy to maintenance treatment with ICS/LABA/LAMA or LABA/LAMA if ICS is contraindicated, in two randomised, double-blind studies, for the annualised rate of moderate or severe exacerbations of COPD at 52 weeks, a clinically relevant endpoint;
- a modest effect size, with a risk reduction of 30% (RR=0.70; 95% CI: [0.58; 0.86], p=0.0005) in the BOREAS study and 34% (RR=0.66; 95% CI: [0.53; 0.82], p=0.0002) in the NOTUS study compared to maintenance treatment alone;
- on respiratory function at 52 weeks, with a pre-BD FEV_1 of +83 mL (95% CI: [38; 128], p < 0.0001) in the BOREAS study and +62 mL (95% CI: [11; 113], p=0.0182) in the NOTUS study compared to maintenance therapy alone;
- the improvement in quality of life at 52 weeks (assessed using the SGRQ score, concerning the change in total SGRQ score and the percentage of patients with a reduction in SGRQ score ≥ 4 points) in the BOREAS study compared to maintenance therapy alone;
- its acceptable safety profile;
- the unmet medical need in patients with COPD that is not controlled by an ICS/LABA/LAMA combination or a LABA/LAMA combination;

but in view of:

- the number of patients in the placebo group with no exacerbations during the study, reflecting control of the disease with the background therapy;
- the low annualised rate of exacerbations during the study in patients on placebo (1.1 to 1.3);
- an efficacy assessed on the basis of moderate and severe exacerbations, with no effect measured on each component of this endpoint, which nonetheless each have a different significance for patients (depending on whether they are moderate or severe, exacerbations have different impacts in terms of symptoms, quality of life and hospitalisations);
- with the effect appearing to primarily involve moderate exacerbations (90% of the exacerbations observed);
- smoking cessation and respiratory rehabilitation implemented in a non-optimal manner;
- the absence of available data concerning the course of COPD, in particular for the annualised rate of exacerbations, beyond one year of treatment;
- the lack of evidence of any impact on quality of life in one study;

the Committee deems that DUPIXENT (dupilumab) provides a minor clinical added value (CAV IV) in the care pathway for the treatment of uncontrolled COPD characterised by raised blood eosinophils on a combination of ICS/LABA/LAMA, or on a combination of a LABA/LAMA if ICS is not appropriate.