SUMMARY

rozanolixizumab

RYSTIGGO 140 mg/mL

solution for injection

First listing

Adopted by the Transparency Committee on 24 April 2024

Summary of opinion

Favourable opinion for reimbursement only "as an add-on to standard therapy, including first-line immunosuppressants, for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive, who remain symptomatic."

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

Transparency Committee's conclusions

Clinical Benefit

- Myasthenia is an incapacitating, rare, serious autoimmune disease causing fluctuating muscle weakness and excessive fatigability, which can impair quality of life.
- The proprietary medicinal product RYSTIGGO (rozanolixizumab) as an add-on to standard therapy, including first-line immunosuppressants, is a curative background therapy.
- Considering:
  - evidence of the superiority of rozanolixizumab compared to placebo for the primary endpoint of change from baseline to D43 in MG-ADL score (primary endpoint), with a mean difference (SD) of - 2.59 points (95% CI [-4.091; -1.249); p <0.001),
  - in a context in which the majority of patients were receiving antimyasthenic treatments at baseline and then concomitantly; the main treatments received having been systemic corticosteroids for 64.5%, immunosuppressants for 51.5% (primarily azathioprine [28%] and mycophenolate mofetil [10%]) and anticholinesterases for 86%, without the median number of previous treatments being specified,
  - the safety profile marked by headaches, diarrhoea and fever in the short term, and with uncertainties in the long term,

the efficacy/adverse effects ratio is:

- substantial as an add-on to standard therapy, including first-line immunosuppressants, for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive, who remain symptomatic.
- not established in the other clinical situations of the MA due to a lack of data.

➔ This is a first-line treatment as an add-on to standard therapy, including first-line immunosuppressants, for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive, who remain symptomatic despite well managed treatment.

However, within the scope included in the MA but not retained for reimbursement, RYSTIGGO (rozanolixizumab) has no role in such a situation.

➔ Public health benefit

Considering:

- the seriousness of the disease and its low prevalence,
- the partially met medical need,
- the partial response to the identified need given:
  - evidence of an additional impact on morbidity only in the short term versus placebo,
  - the lack of evidence of an additional impact on long-term morbidity and mortality in view of the limited data available,
  - the lack of evidence of an additional impact on quality of life, in the absence of robust data,
  - the lack of evidence of an additional impact on the organisation of care and the patient's care and life pathway,

RYSTIGGO (rozanolixizumab) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of RYSTIGGO (rozanolixizumab) is:

- **substantial only as an add-on to standard therapy, including first-line immunosuppressants, for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive, who remain symptomatic,**
- **insufficient to justify public funding in the other clinical situations of the MA.**

The Committee issues the following opinions:

- **a favourable opinion for inclusion of RYSTIGGO (rozanolixizumab) in the list of covered drugs for inpatients approved for use only within the scope retained and at the MA dosages,**
- **an unfavourable opinion for inclusion of RYSTIGGO (rozanolixizumab) in the list of covered drugs for inpatients approved for use in the other clinical situations of the MA.**

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

Clinical Added Value

Considering:

- evidence of the superiority of rozanolixizumab compared to placebo:
  - in terms of the change from baseline to D43 in MG-ADL score (primary endpoint), with a mean change (SD) of - 2.59 points (95% CI [-4.091; -1.249]); p<0.001),
  - on the clinical ranked secondary endpoints of disease severity assessed at D43 (Myasthenia Gravis Composite score (MG-C), QMG score, changes in “Muscle Weakness Fatigability”, “Physical Fatigue” and “Bulbar Muscle Weakness” components of the MG symptoms PRO score),

but in view of:

- comparative efficacy data limited to the short term (6 weeks),
- the absence of robust data on quality of life, despite this being a relevant endpoint in this disease, with this having been assessed as an exploratory endpoint,
- the safety profile reported only in the short term (median follow-up of around 7 months) and associated long-term uncertainties,
- the lack of comparison versus rituximab or eculizumab despite the fact that this would have been possible; as well as the absence of comparison versus efgartigimod alfa, ravulizumab or zilucoplan due to their concomitant development,

the Committee deems that, like ULTOMIRIS, VYVGART and ZILBRYSQ (with the exclusion of rituximab and SOLIRIS), RYSTIGGO (rozanolixizumab) provides a minor clinical added value (CAV IV) in the care pathway as an add-on to standard therapy, including first-line immunosuppressants, for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive, who remain symptomatic.