HAUTE AUTORITÉ DE SANTÉ

**ASSESSING** HEALTH TECHNOLOGIES

Original French opinion adopted by the Transparency Committee

The legally binding text is the original French opinion version

**SUMMARY**

sotatercept

# WINREVAIR 45 mg and 60 mg

**powder and solvent for solution for injection**

First listing

**Adopted by the Transparency Committee on 14 May 2025**

## Summary of opinion

**Favourable opinion for reimbursement, in combination with other pulmonary arterial hypertension (PAH) therapies, for the treatment of PAH in adult patients with WHO Functional Class (FC) II to III, to improve exercise capacity**

# Transparency Committee's conclusions

## Clinical Benefit

- PAH is a rare, potentially life-threatening lung disease, characterised by an increase in pulmonary arterial pressures and potentially resulting in right heart failure. Asthenia, progressive exertional dyspnoea, chest pain, and fainting are the most common clinical signs.
- The proprietary medicinal product WINREVAIR (sotatercept) is a symptomatic medicinal product.
- The efficacy/adverse effects ratio of WINREVAIR (sotatercept) is high.
- There are therapeutic alternatives.
- This is a first-line treatment for PAH in adult patients with WHO Functional Class II or III, in combination with standard PAH therapy, to improve exercise capacity.

### 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 due to evidence of an impact on morbidity;
- the lack of response to the identified need due to the absence of evidence of an impact on mortality;
- evidence of an impact on quality of life;

- the lack of evidence of an impact on the organisation of care;

WINREVAIR (sotatercept) is unlikely to have an additional impact on public health.

**Considering all of these elements, the Committee deems that the clinical benefit of WINREVAIR (sotatercept) is substantial in the MA indication.**

**The Committee issues a favourable opinion for inclusion of WINREVAIR (sotatercept) 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:

- evidence of the efficacy of WINREVAIR (sotatercept) versus placebo in a randomised, double-blind study in patients with PAH and WHO Functional Class II or III, as an adjunct to standard therapy (monotherapy, double therapy or triple therapy):
- on a clinically relevant outcome measure, the 6-minute walk distance, which was the primary endpoint;
- an efficacy on this endpoint of +40.8 metres, 95% CI [27.5; 54.1], p<0.001) between the 2 groups;
- an improvement observed for the ranked secondary endpoints, in particular:
  - in functional capacity assessed at week 24 based on change of WHO functional class (29.4% of patients in the sotatercept group versus 13.8% in the placebo group, p<0.001);
  - in the risk of morbidity and mortality assessed at week 24, based on a composite endpoint of disease improvement (38.9% of patients in the sotatercept group versus 10.1% in the placebo group, p<0.001), and on the time to death or first occurrence of a clinical worsening event (HR: 0.163, 95% CI [0.076; 0.347], p<0.001) and on attainment or maintenance of a low risk score on the French risk score (39.5% of patients in the sotatercept group versus 18.2% in the placebo group, p<0.001);

but with the following limitations:

- the lack of robust evidence for the mortality endpoint alone;
- a modest impact on quality of life;
- a safety profile with a 20% risk of treatment-related effects, in particular dizziness, epistaxis and telangiectasia, and 3% adverse events leading to treatment discontinuation;
- patients having been placed in the wrong strata during randomisation;
- missing data in 19 patients (13 in the placebo group and 6 in the sotatercept group), leading to possible over-estimation of the differences observed;
- the limited experience concerning both efficacy and safety (follow-up median of 8 months for the primary analysis);
- missing data assumed to be correlated with the observed data, without it being possible to verify this;

- numerous major protocol deviations, related to the treatment or missing visits (in particular, endpoint measurement in 14% of subjects included): 73 (44.8%) patients in the sotatercept group and 66 (41.3%) patients in the placebo group;
- calculation of the study population based on an expected difference of 25 m between the groups, whereas the minimum clinically relevant difference is 33 m (this value was determined in 2023, i.e. after the start of the clinical study);
- the 4th-ranked position of the secondary endpoint concerning improvement of WHO functional class, whereas this was the only secondary endpoint taken into account for control of type II error risks;

**the Committee deems that WINREVAIR (sotatercept) provides a moderate clinical added value (CAV III) in the current care pathway, which includes the relevant comparators.**



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