Tralokinumab
(atopic dermatitis in adolescents)

Benefit assessment according to §35a SGB V[1]

EXTRACT

Project: A22-121 Version: 1.0 Status: 27 January 2023

[1] Translation of Sections I 1 to I 6 of the dossier assessment *Tralokinumab (atopische Dermatitis bei Jugendlichen) – Nutzenbewertung gemäß § 35a SGB V*. Please note: This translation is provided as a service by IQWiG to English-language readers. However, solely the German original text is absolutely authoritative and legally binding.

Publishing details

Publisher

Institute for Quality and Efficiency in Health Care

Topic

Tralokinumab (atopic dermatitis in adolescents) – Benefit assessment according to §35a SGB V

Commissioning agency

Federal Joint Committee

Commission awarded on

10 November 2022

Internal Project No.

A22-121

Address of publisher

Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen
Im Mediapark 8
50670 Köln
Germany

Phone: +49 221 35685-0
Fax: +49 221 35685-1
E-mail: berichte@iqwig.de
Internet: www.iqwig.de

Medical and scientific advice

- Heiko Traupe, Münster University Hospital, Germany

IQWiG thanks the medical and scientific advisor for his contribution to the dossier assessment. However, the advisor was not involved in the actual preparation of the dossier assessment. The responsibility for the contents of the dossier assessment lies solely with IQWiG.

Patient and family involvement

No feedback was received in the framework of the present dossier assessment.

IQWiG employees involved in the dossier assessment

- Ulrike Mikulić
- Nadia Abu Rajab
- Merlin Bittlinger
- Katharina Hirsch
- Simone Johner
- Marco Knelangen
- Dominik Schierbaum

Keywords

Tralokinumab, Dermatitis – Atopic, Adolescent, Benefit Assessment

Part I: Benefit assessment

I Table of contents

Page

I List of tables I.3
I List of abbreviations..... I.4
I 1 Executive summary of the benefit assessment I.5
I 2 Research question..... I.7
I 3 Information retrieval and study pool..... I.8
I 4 Results on added benefit..... I.9
I 5 Probability and extent of added benefit I.10
I 6 References for English extract I.11

I List of tables[2]

Page

Table 2: Research question of the benefit assessment of tralokinumab I.5
Table 3: Tralokinumab – probability and extent of added benefit I.6
Table 4: Research question of the benefit assessment of tralokinumab I.7
Table 5: Tralokinumab – probability and extent of added benefit I.10

[2] Table numbers start with “2” as numbering follows that of the full dossier assessment.

I List of abbreviations

Abbreviation	Meaning
ACT	appropriate comparator therapy
G-BA	Gemeinsamer Bundesausschuss (Federal Joint Committee)
IQWiG	Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (Institute for Quality and Efficiency in Health Care)
RCT	randomized controlled trial
SGB	Sozialgesetzbuch (Social Code Book)

I 1 Executive summary of the benefit assessment

Background

In accordance with § 35a Social Code Book (SGB) V, the Federal Joint Committee (G-BA) commissioned the Institute for Quality and Efficiency in Health Care (IQWiG) to assess the benefit of the drug tralokinumab. The assessment is based on a dossier compiled by the pharmaceutical company (hereinafter referred to as the "company"). The dossier was sent to IQWiG on 10 November 2022.

Research question

The aim of the present report is to assess the added benefit of tralokinumab in comparison with the appropriate comparator therapy (ACT) of dupilumab in adolescents 12 years and older with moderate-to-severe atopic dermatitis who are candidates for systemic therapy.

The research question presented in Table 2 is derived from the ACT specified by the G-BA.

Table 2: Research question of the benefit assessment of tralokinumab

Therapeutic indication	**ACT**[a]
Adolescents 12 to < 18 years with moderate-to-severe atopic dermatitis who are candidates for systemic therapy[b]	Dupilumab (if applicable, in combination with TCS and/or TCI)
a. Presented is the ACT specified by the G-BA. b. Tralokinumab is a drug that is to be administered exclusively as continuous therapy and therefore represents an option only for patients indicated for continuous systemic therapy. ACT: appropriate comparator therapy; G-BA: Federal Joint Committee; TCI: topical calcineurin inhibitors; TCS: topical corticosteroids	

The company followed the specification of the G-BA by designating dupilumab as the ACT.

The assessment is conducted by means of patient-relevant outcomes on the basis of the data provided by the company in the dossier. Randomized controlled trials (RCTs) with a minimum duration of 24 weeks are used for the derivation of added benefit.

Results

In line with the company's assessment, the check of completeness of the study pool did not identify any relevant study for assessing the added benefit of tralokinumab in comparison with the ACT.

Results on added benefit

Since no relevant study is available for the benefit assessment, there is no hint of an added benefit of tralokinumab in comparison with the ACT; an added benefit is therefore not proven.

Probability and extent of added benefit, patient groups with therapeutically important added benefit[3]

Table 3 shows a summary of the probability and extent of added benefit of tralokinumab.

Table 3: Tralokinumab – probability and extent of added benefit

Therapeutic indication	**ACT**[a]	**Probability and extent of added benefit**
Adolescents 12 to < 18 years with moderate-to-severe atopic dermatitis who are candidates for systemic therapy[b]	Dupilumab (if applicable, in combination with TCS and/or TCI)	Added benefit not proven

a. Presented is the ACT specified by the G-BA.
b. Tralokinumab is a drug that is to be administered exclusively as continuous therapy and therefore represents an option only for patients indicated for continuous systemic therapy.

ACT: appropriate comparator therapy; G-BA: Federal Joint Committee; TCI: topical calcineurin inhibitors; TCS: topical corticosteroids

The G-BA decides on the added benefit.

[3] On the basis of the scientific data analysed, IQWiG draws conclusions on the (added) benefit or harm of an intervention for each patient-relevant outcome. Depending on the number of studies analysed, the certainty of their results, and the direction and statistical significance of treatment effects, conclusions on the probability of (added) benefit or harm are graded into 4 categories: (1) “proof”, (2) “indication”, (3) “hint”, or (4) none of the first 3 categories applies (i.e., no data available or conclusions 1 to 3 cannot be drawn from the available data). The extent of added benefit or harm is graded into 3 categories: (1) major, (2) considerable, (3) minor (in addition, 3 further categories may apply: non-quantifiable extent of added benefit, added benefit not proven, or less benefit). For further details see [1,2].

I 2 Research question

The aim of the present report is to assess the added benefit of tralokinumab in comparison with the ACT of dupilumab in adolescents 12 years and older with moderate-to-severe atopic dermatitis who are candidates for systemic therapy. The assessment of tralokinumab in adult patients in this therapeutic indication has already been carried out (see dossier assessment A21-94 [3], as well as the G-BA resolution [4] and justification [5]).

The research question presented in Table 4 is derived from the ACT specified by the G-BA.

Table 4: Research question of the benefit assessment of tralokinumab

Therapeutic indication	**ACT**[a]
Adolescents 12 to < 18 years with moderate-to-severe atopic dermatitis who are candidates for systemic therapy[b]	Dupilumab (if applicable, in combination with TCS and/or TCI)
a. Presented is the ACT specified by the G-BA. b. Tralokinumab is a drug that is to be administered exclusively as continuous therapy and therefore represents an option only for patients indicated for continuous systemic therapy. ACT: appropriate comparator therapy; G-BA: Federal Joint Committee; TCI: topical calcineurin inhibitors; TCS: topical corticosteroids	

The company followed the specification of the G-BA by designating dupilumab as the ACT.

The assessment is conducted by means of patient-relevant outcomes on the basis of the data provided by the company in the dossier. RCTs with a minimum duration of 24 weeks are used for the derivation of added benefit. This concurs with the company's inclusion criteria.

I 3 Information retrieval and study pool

The study pool of the assessment was compiled on the basis of the following information:

Sources of the company in the dossier:

- study list on tralokinumab (status: 28 September 2022)
- bibliographical literature search on tralokinumab (last search on 28 September 2022)
- search in trial registries/trial results databases for studies on tralokinumab (last search on 28 September 2022)
- search on the G-BA website for tralokinumab (last search on 28 September 2022)

To check the completeness of the study pool:

- search in trial registries for studies on tralokinumab (last search on 22 November 2022), for search strategies, see I Appendix A of the full dossier assessment

The check did not identify any relevant studies for assessing the added benefit of tralokinumab in comparison with the ACT. This concurs with the company's assessment.

For the presentation of the medical benefit, the company nevertheless presented the ECZTRA 6 study [6] conducted in the therapeutic indication in Module 4 of the dossier. However, instead of using the study to derive the added benefit, it presented its results only as supplementary information. In the RCT ECZTRA 6, 2 different doses of tralokinumab were compared with placebo in adolescents aged 12 years and older with moderate-to-severe atopic dermatitis. An initial 16-week treatment phase was followed by a rerandomization of patients depending on their response.

Since there was no comparison with the ACT and the treatment duration was too short, the ECZTRA 6 study, in agreement with the company, is not assessed as suitable for the assessment of the added benefit of tralokinumab in the present therapeutic indication.

I 4 Results on added benefit

No suitable data are available for the assessment of the added benefit of tralokinumab in comparison with the ACT in adolescents 12 years and older with moderate-to-severe atopic dermatitis who are candidates for systemic therapy. This results in no hint of an added benefit of tralokinumab in comparison with the ACT; an added benefit is therefore not proven.

I 5 Probability and extent of added benefit

The result of the assessment of the added benefit of tralokinumab in comparison with the ACT is summarized in Table 5.

Table 5: Tralokinumab – probability and extent of added benefit

Therapeutic indication	**ACT[a]**	**Probability and extent of added benefit**
Adolescents 12 to < 18 years with moderate-to-severe atopic dermatitis who are candidates for systemic therapy[b]	Dupilumab (if applicable, in combination with TCS and/or TCI)	Added benefit not proven
a. Presented is the ACT specified by the G-BA. b. Tralokinumab is a drug that is to be administered exclusively as continuous therapy and therefore represents an option only for patients indicated for continuous systemic therapy. ACT: appropriate comparator therapy; G-BA: Federal Joint Committee; TCI: topical calcineurin inhibitors; TCS: topical corticosteroids		

The assessment described above concurs with that of the company.

The G-BA decides on the added benefit.

I 6 References for English extract

Please see full dossier assessment for full reference list.

The reference list contains citations provided by the company in which bibliographical information may be missing.

1. Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Allgemeine Methoden; Version 6.1 [online]. 2022 [Accessed: 27.01.2022]. URL: https://www.iqwig.de/methoden/allgemeine-methoden-v6-1.pdf.

2. Skipka G, Wieseler B, Kaiser T et al. Methodological approach to determine minor, considerable, and major treatment effects in the early benefit assessment of new drugs. Biom J 2016; 58(1): 43-58. https://dx.doi.org/10.1002/bimj.201300274.

3. Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Tralokinumab (atopische Dermatitis) – Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung [online]. 2021 [Accessed: 18.10.2021]. URL: https://www.iqwig.de/download/a21-94_tralokinumab_nutzenbewertung-35a-sgb-v_v1-0.pdf.

4. Gemeinsamer Bundesausschuss. Beschluss des Gemeinsamen Bundesausschusses über eine Änderung der Arzneimittel-Richtlinie; Anlage XII – Nutzenbewertung von Arzneimitteln mit neuen Wirkstoffen nach § 35a des Fünften Buches Sozialgesetzbuch (SGB V); Tralokinumab (Atopische Dermatitis) [online]. 2022 [Accessed: 16.01.2023]. URL: https://www.g-ba.de/downloads/39-261-5226/2022-01-06_AM-RL-XII_Tralokinumab_D-710_BAnz.pdf.

5. Gemeinsamer Bundesausschuss. Tragende Gründe zum Beschluss des Gemeinsamen Bundesausschusses über eine Änderung der Arzneimittel-Richtlinie: Anlage XII – Nutzenbewertung von Arzneimitteln mit neuen Wirkstoffen nach § 35a des Fünften Buches Sozialgesetzbuch (SGB V) Tralokinumab (Atopische Dermatitis) [online]. 2022 [Accessed: 14.03.2022]. URL: https://www.g-ba.de/downloads/40-268-8159/2022-01-06_AM-RL-XII_Tralokinumab_D-710_TrG.pdf.

6. A/S LEOP. Clinicaltrials.gov - NCT03526861, Tralokinumab Monotherapy for Adolescent Subjects With Moderate to Severe Atopic Dermatitis - ECZTRA 6 (ECZema TRAlokinumab Trial no. 6) [online]. 2018 [Accessed: 07.03.2022]. URL: https://clinicaltrials.gov/ct2/show/NCT03526861.

The full report (German version) is published under https://www.iqwig.de/en/projects/a22-121.html.