IQWiG Reports – Commission No. A22-69

Secukinumab (enthesitis-associated arthritis, 6 years and older) –

Benefit assessment according to §35a Social Code Book V[1]

Extract

[1] Translation of Sections I 1 to I 5 of the dossier assessment *Secukinumab (Enthesitis-assoziierte Arthritis, ab 6 Jahre) – Nutzenbewertung gemäß § 35a SGB V* (Version 1.0; Status: 10 October 2022). 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
Secukinumab (enthesitis-associated arthritis, 6 years and older) – Benefit assessment according to §35a Social Code Book V

Commissioning agency
Federal Joint Committee

Commission awarded on
12 June 2022

Internal Commission No.
A22-69

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

- Jacqueline Detert, Rheumatology and Immunology Practice, Templin, Germany

IQWiG thanks the medical and scientific advisor for her 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

The questionnaire on the disease and its treatment was answered by two persons.

IQWiG thanks the respondents for participating in the written exchange about how they experienced the disease and its treatment and about the treatment goals. The respondents were not involved in the actual preparation of the dossier assessment.

IQWiG employees involved in the dossier assessment

- Marc Schulte
- Ulrich Grouven
- Ulrike Lampert
- Prateek Mishra
- Regine Potthast
- Carolin Weigel
- Pamela Wronski

Keywords: Secukinumab, Methotrexate, Arthritis - Juvenile, Child, Adolescent, Benefit Assessment

Part I: Benefit assessment

I Table of contents

Page

I List of tables[2]

Page

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

I List of abbreviations

Abbreviation	Meaning
ACR	American College of Rheumatology
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 secukinumab. 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 12 July 2022.

Research question

The aim of the present report is the assessment of the added benefit of secukinumab, alone or in combination with methotrexate, in comparison with treatment of physician's choice as the appropriate comparator therapy (ACT) in patients from 6 years of age and older with active enthesitis-associated arthritis whose disease has responded inadequately to, or who cannot tolerate, conventional therapy.

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

Table 2: Research question of the benefit assessment of secukinumab

Therapeutic indication	**ACT[a]**
Alone or in combination with methotrexate for the treatment of active enthesitis-associated arthritis in patients aged 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy	Treatment of physician's choice[b]
a. Presented is the ACT specified by the G-BA. b. According to the G-BA, the drugs etanercept and adalimumab are considered suitable comparators for patients aged 6 years and older in the present indication. ACT: appropriate comparator therapy; G-BA: Federal Joint Committee	

The company followed the G-BA's specification of the ACT by designating therapy of physician's choice as the ACT.

The assessment was 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 were used for the derivation of added benefit. This concurs with the company's inclusion criteria.

Results

Concurring with the company, the check of the completeness of the study pool identified no RCT that would allow a direct comparison of secukinumab versus treatment of physician's choice.

For the conduct of an indirect comparison, the company points out that the only available study on secukinumab in patients with enthesitis-associated arthritis is the placebo-controlled approval study CAIN457F2304. However, this study did not examine the target population for secukinumab, but a patient population with a response to therapy. Thus, all patients in the study

initially received treatment with secukinumab for 12 weeks. Patients with an American College of Rheumatology (ACR)30 response after 12 weeks of treatment with secukinumab were randomized to the secukinumab or the placebo group in the second study phase. The study would thus compare continuation with discontinuation of secukinumab treatment in a patient population with a previous response to secukinumab. As there was no suitable study that allowed an indirect comparison of secukinumab with the ACT in the target population to be considered, the company did not conduct a search for suitable studies on the ACT for the indirect comparison.

Overall, no data are available for the assessment of secukinumab alone or in combination with methotrexate for the treatment of active enthesitis-associated arthritis in patients aged 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy. This resulted in no hint of an added benefit of secukinumab versus treatment of physician's choice; an added benefit is therefore not proven.

Results on added benefit

Since no relevant study is available for the benefit assessment, this resulted in no hint of an added benefit of secukinumab 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 probability and extent of the added benefit of secukinumab.

Table 3: Secukinumab – probability and extent of added benefit

Therapeutic indication	ACT[a]	Probability and extent of added benefit
Alone or in combination with methotrexate for the treatment of active enthesitis-associated arthritis in patients aged 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy	Treatment of physician's choice[b]	Added benefit not proven
a: Presented is the ACT specified by the G-BA. b. According to the G-BA, the drugs etanercept and adalimumab are considered suitable comparators for patients aged 6 years and older in the present indication. ACT: appropriate comparator therapy; G-BA: Federal Joint Committee		

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 the assessment of the added benefit of secukinumab, alone or in combination with methotrexate, in comparison with treatment of physician's choice as the ACT in patients from 6 years of age and older with active enthesitis-associated arthritis whose disease has responded inadequately to, or who cannot tolerate, conventional therapy.

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

Table 4: Research question of the benefit assessment of secukinumab

Therapeutic indication	**ACT**[a]
Alone or in combination with methotrexate for the treatment of active enthesitis-associated arthritis in patients aged 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy	Treatment of physician's choice[b]
a: Presented is the ACT specified by the G-BA. b. According to the G-BA, the drugs etanercept and adalimumab are considered suitable comparators for patients aged 6 years and older in the present indication. ACT: appropriate comparator therapy; G-BA: Federal Joint Committee	

The company followed the G-BA's specification of the ACT by designating therapy of physician's choice 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 were used for the derivation of the 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 secukinumab (status: 15 May 2022)
- bibliographical literature search on secukinumab (last search on 5 May 2022)
- search in trial registries/trial results databases for studies on secukinumab (last search on 5 May 2022)
- search on the G-BA website for secukinumab (last search on 5 May 2022)

To check the completeness of the study pool:

- search in trial registries for studies on secukinumab (last search on 26 July 2022); for search strategies, see I Appendix A of the full dossier assessment

Concurring with the company, the check of the completeness of the study pool identified no RCT that would allow a direct comparison of secukinumab versus treatment of physician's choice.

For the conduct of an indirect comparison, the company points out that the only available study on secukinumab in patients with enthesitis-associated arthritis is the placebo-controlled approval study CAIN457F2304 [3,4]. However, this study did not examine the target population for secukinumab, but a patient population with a response to therapy. Thus, all patients in the study initially received treatment with secukinumab for 12 weeks. Patients with an ACR)30 response after 12 weeks of treatment with secukinumab were randomized to the secukinumab or the placebo group in the second study phase. The study would thus compare continuation with discontinuation of secukinumab treatment in a patient population with a previous response to secukinumab. As there was no suitable study that allowed an indirect comparison of secukinumab with the ACT in the target population to be considered, the company did not conduct a search for suitable studies on the ACT for the indirect comparison.

Overall, there are therefore no data available for the present benefit assessment.

I 4 Results on added benefit

No data are available for the assessment of secukinumab alone or in combination with methotrexate for the treatment of active enthesitis-associated arthritis in patients aged 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy. This resulted in no hint of an added benefit of secukinumab versus treatment of physician's choice; 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 secukinumab in comparison with the ACT is summarized in Table 5.

Table 5: Secukinumab – probability and extent of added benefit

Therapeutic indication	**ACT**[a]	**Probability and extent of added benefit**
Alone or in combination with methotrexate for the treatment of active enthesitis-associated arthritis in patients aged 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy	Treatment of physician's choice[b]	Added benefit not proven
a: Presented is the ACT specified by the G-BA. b. According to the G-BA, the drugs etanercept and adalimumab are considered suitable comparators for patients aged 6 years and older in the present indication. ACT: appropriate comparator therapy; G-BA: Federal Joint Committee		

The assessment described above concurs with that of the company.

The G-BA decides on the added benefit.

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. Institute for Quality and Efficiency in Health Care. General Methods Version 6.1 (German version) [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. Gemeinsamer Bundesausschuss. Anlage VI zum Abschnitt K der Arzneimittel-Richtlinie; Verordnungsfähigkeit von zugelassenen Arzneimitteln in nicht zugelassenen Anwendungsgebieten (sog. Off-Label-Use) [online]. URL: https://www.g-ba.de/richtlinien/anlage/15/.

4. Statistisches Bundesamt. Bevölkerungsentwicklung bis 2060; Ergebnisse der 13. koordinierten Bevölkerungsvorausberechnung; 2017; aktualisierte Rechnung auf Basis 2015 [online]. 2017 [Accessed: 13.11.2020]. URL: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Bevoelkerungsvorausberechnung/Publikationen/Downloads-Vorausberechnung/bevoelkerung-bundeslaender-2060-aktualisiert-5124207179004.pdf?__blob=publicationFile&v=3.

The full report (German version) is published under https://www.iqwig.de/en/projects/a22-69.html.