INAHTA Brief

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Title GIVLAARI – A Health Technology Assessment

Agency HAS, French National Authority for Health (Haute Autorité de santé)
2 avenue du Stade de France – F 93218 La Plaine Cedex, France
Tel: +33 (0)1 55 93 70 00 – Fax: +33 (0)1 55 93 74 35, contact.sem@has-sante.fr, www.has-sante.fr

Reference link to full report in French
https://www.has-sante.fr/jcms/p_3192159/fr/givlaari

Aim

Assessment of GIVLAARI (givosiran) with a view to funding by the French national health insurance system and of its clinical contribution compared to other strategies in the indication treatment of acute hepatic porphyria (AHP) in adults and adolescents age 12 and over.

Conclusions of Transparency Committee

Clinical Benefit

- Acute hepatic porphyrias are rare hereditary conditions that can lead to the onset of sometimes irreversible and potentially fatal serious neurological symptoms. Recurrent acute attacks are incapacitating and result in major impairment of quality-of-life.
- This is a prophylactic treatment for acute porphyria attacks.
- Based on available data with a 12-month follow-up period, the efficacy/adverse effects ratio of GIVLAARI (givosiran) is high in adult patients with AHP and with severe and recurrent acute attacks. The efficacy/adverse effects ratio has not been established in the other MA situations, in particular in patients aged 12 to 18 years. Longer-term data are expected.
- There is no medicinal product alternative to GIVLAARI (givosiran) in the prophylaxis of acute attacks associated with acute hepatic porphyria.
- GIVLAARI (givosiran) is a treatment for acute hepatic porphyria (AHP) only for patients aged 18 years and over and with active disease, characterised by at least 2 porphyria attacks requiring hospitalisation, an urgent healthcare visit or treatment with IV hemin at home, in the past 6 months. The medicinal product has no role in the other clinical situations and in patients aged 12 to 18 months.
- GIVLAARI (givosiran) is likely to have an additional impact on public health.

Considering all of the above, the clinical benefit of GIVLAARI (givosiran) is:
- substantial only for patients aged 18 years and over, with acute hepatic porphyria (AHP) and with active disease characterised by at least 2 porphyria attacks requiring hospitalisation, an urgent healthcare visit or treatment with IV hemin at home, in the past 6 months.
- insufficient to justify its funding by the French national health insurance system in the other MA situations, i.e., in patients not meeting the ENVISION study inclusion criteria, in particular in patients with intermittent acute attacks (1 to 3 attacks per year), as well as in patients aged 12 to 18 years, due to the lack of data.

Clinical Added Value
Considering:
- demonstration of the superiority of GIVLAARI (givosiran) compared to the placebo in terms of the number of severe acute porphyria attacks (requiring hospitalisation, an urgent healthcare visit or treatment with IV hemin at home) during the first 6 months of treatment, with an effect size deemed to be substantial and clinically-relevant (primary endpoint; 3.22 vs. 12.52 attacks; RR = 0.26; 95%CI [0.16; 0.41]; p < 0.0001), in adult patients with AHP and with severe and recurrent acute attacks in a phase III randomised, double-blind study,
- maintenance of this efficacy after 12 months in the follow-up data
- the absence of therapeutic alternatives to prevent acute porphyria attacks and hence the medical need considered to be unmet in this situation,
and despite:
- the lack of long-term efficacy and safety data (> 12 months of treatment) and,
- the absence of robust data concerning patients' quality of life given the exploratory nature of the analyses,
the Transparency Committee considers that GIVLAARI (givosiran) provides important Clinical Added Value (CAV II) in the therapeutic strategy for adult patients with acute hepatic porphyria (AHP).

Recommendations

The Transparency Committee issued its approval for the funding of GIVLAARI (givosiran) by the French national health insurance system (hospital) only in the indication treatment of patients aged 18 years and over with acute hepatic porphyria (AHP) and with active disease, characterised by at least 2 porphyria attacks requiring hospitalisation, an urgent healthcare visit or treatment with IV hemin at home, in the past 6 months.

Methods

The assessment of GIVLAARI (givosiran) was founded on evidence-based medicine with a critical analysis of the clinical data.

Written by

HAS (Haute Autorité de santé), French National Authority for Health