AWMSG Secretariat Assessment Report – Limited submission

Zanamivir (Dectova®▼) 10 mg/ml solution for infusion

Company: GlaxoSmithKline UK

Licensed indication under consideration: Treatment of complicated and potentially life-threatening influenza A or B virus infection in adult and paediatric patients (aged ≥ 6 months) when: the patient's influenza virus is known or suspected to be resistant to anti-influenza medicinal products other than zanamivir, and/or other anti-viral medicinal products for treatment of influenza, including inhaled zanamivir, are not suitable for the individual patient. Zanamivir (Dectova®) should be used in accordance with official guidance.

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Marketing authorisation date: 26 April 2019

Comparator(s)

The applicant company suggests that there are no current comparator treatments available as intravenous (IV) zanamivir is the last treatment option for patients with complicated influenza, when all other treatment options have been exhausted or are not appropriate.

Limited submission details

The limited submission criteria were met as the anticipated usage in NHS Wales is considered to be of minimal budgetary impact.

Clinical effectiveness

- Guidance published by Public Health England in January 2019 recommends oseltamivir as first-line treatment of complicated influenza and zanamivir as second-line. IV zanamivir is considered for patients who have not responded to other approved therapies, are unable to receive therapy through routes other than IV administration and in those who require intensive care. AWTTC sought clinical experts confirm that these guidelines are used in Wales.
- The lack of additional treatments for influenza in critically ill hospitalised patients and at risk groups is an unmet need.
- IV zanamivir was made available for compassionate use by the Committee for Medicinal Products for Human Use (CHMP) in June 2011. The defined target population for compassionate use aligns with the licensed indication.
- An international phase III, double-blind, randomised control trial assessed the efficacy of 600 mg IV zanamivir compared with 300 mg IV zanamivir and 75 mg oral oseltamivir in 615 patients aged ≥ 16 years with severe influenza

and showed similar results in terms of clinical and virological end points. As there is uncertainty with regard to the size of the effect of oseltamivir compared to placebo in hospitalised influenza patients from randomised clinical trials there is also uncertainty about the size of the effect of IV zanamivir. The study did not include patients aged 6 months to 15 years, for whom there are no published clinical efficacy data. However, the company provided pharmacokinetic data for paediatric patients aged 6 months to 18 years and results were similar to those seen in adults. Marketing authorisation was granted under exceptional circumstances because comprehensive data are not available and it is not considered feasible or ethical to generate such data. Additionally, the company has agreed with the European Medicines Agency (EMA) to collect further data on effectiveness and safety in the post-authorisation setting.

- The safety of IV zanamivir was assessed in the compassionate use programme (n = 3,149), two supportive studies and the phase III study. In the pivotal study the safety profile was similar for 300 mg and 600 mg IV zanamivir and oral oseltamivir. However, due to the patients being severely ill with a high degree of co-morbidity, it is difficult to assess the true safety profile. Mortality ranged from 5% to 20%, but is considered associated with the seriousness of the disease, and often related to respiratory problems. The most common treatment-related adverse events were diarrhoea, constipation and an increase in liver transaminases. In a study of safety, paediatric patients received a weight-adjusted dose intended to provide comparable systemic exposures to 600 mg IV zanamivir. The safety specifications in the EMA Risk Management Plan include hepatic failure and cardiac arrhythmias as important potential risks.

Budget impact

- The company estimates that there will be between [commercial in confidence figure removed] people each year in Wales potentially eligible for treatment under the licence. This is based on data published by Public Health Wales on the average number of patients confirmed to have had influenza in intensive care units between 2013 and 2018 and data on annual requests for IV zanamivir through the EMA compassionate use programme at a UK population level that are extrapolated to the Welsh population. The company acknowledges that patient numbers may be higher than these estimates during an influenza epidemic. The company assumes that there are no alternative treatments for this patient group at this point in the treatment pathway.
- Based on UK compassionate use programme data between 2012 and 2018, the company prepared an average weighted cost per patient per treatment course which reflected the proportion of patients requiring a five day treatment course [commercial in confidence figure removed] and those requiring a five day treatment extension [commercial in confidence figure removed].
- The estimated budget impact is [commercial in confidence figure removed] every year based on [commercial in confidence figure removed] people each year receiving IV zanamivir. This does not account for costs during an influenza epidemic.
- The estimated budget impact is based on medicine acquisition costs only and does not consider supportive medicines costs. However, it is assumed that patients being treated with IV zanamivir will be in a critical care setting and the cost of nursing and medicine administration will not be further increased by the use of IV zanamivir.

Additional information

AWTTC is of the opinion that, if recommended, zanamivir (Dectova®) is appropriate for specialist only prescribing within NHS Wales for the indication under consideration.

Evidence search

Date of evidence search: 17 June 2019
Date of range of evidence search: No date limits were applied to database searches.

Further information

This assessment report will be considered for review every three years.

References are available on request. Please email AWTTC at AWTTC@Wales.nhs.uk for further information.

This report should be cited as: All Wales Therapeutics and Toxicology Centre. AWMSG Secretariat Assessment Report. Zanamivir (Dectova®) 10 mg/ml solution for infusion. Reference number: 4130. September 2019.