HAUTE AUTORITÉ DE SANTÉ

The legally binding text is the original French version

Transparency Committee
Opinion
8 January 2014

RHINOTROPHYL, nasal spray, solution
Vial of 20 ml (CIP: 34009 309 102 6 9)

Applicant: JOLLY-JATEL

INN	Ethanolamine tenoate
ATC code (2013)	R01AX10 (decongestants and other nasal preparations for topical use)
Reason for the review	**Renewal of inclusion**
List concerned	**National Health Insurance** (Social Security Code L.162-17)
Indication concerned	**“Local adjuvant treatment of conditions of the nasopharyngeal mucosa”**

Actual Benefit	**The Committee notes that this medicinal product has been refundable by National Health Insurance since 1963 on the basis solely of pharmacological data. However, taking into account the lack of any clinical data demonstrating the efficacy of ethanolamine tenoate on nasal congestion during acute nasopharyngitis, the actual benefit of RHINOTROPHYL, nasal spray, solution remains insufficient in the Marketing Authorisation indication for reimbursement by National Health Insurance.**
Therapeutic use	**The efficacy of ethanolamine tenoate on nasal congestion during acute nasopharyngitis has not been demonstrated and it is not one of the medicinal products recommended for the treatment of acute nasopharyngitis. Consequently, RHINOTROPHYL has no role in the therapeutic strategy for acute nasopharyngitis.**

01 ADMINISTRATIVE AND REGULATORY INFORMATION

Marketing Authorisation (procedure)	28 February 1961 (national procedure), validated 6 August 1996
Prescribing and dispensing conditions / special status	Non-prescription medicine

ATC Classification	2013 R Respiratory system R01 Nasal preparations R01A Decongestants and other nasal preparations for topical use R01AX Other nasal preparations R01AX10 various In its Marketing Authorisation, tenoic acid is described as an antiseptic and decongestant.

02 BACKGROUND

Examination of the dossier for the proprietary medicinal product re-included for a 5-year period starting on 31/12/2008 (Official Gazette of 13/10/2010).

In its opinion of 23 March 2000, the Committee considered that the actual benefit of RHINO-SULFORGAN (which subsequently became RHINOTROPHYL[1]) was low.
At its renewal of inclusion (opinion of 13 January 2010), the Transparency Committee did not confirm these conclusions and considered that the actual benefit of RHINOTROPHYL had become insufficient in view of the lack of any clinical data and the fact that this proprietary medicinal product has no role in the therapeutic strategy.
This proprietary medicinal product was then the subject of a joint request to the Transparency Committee by the Directorate-General for Health and the Directorate for Social Security, dated 23 March 2011, to reassess medicines with insufficient actual benefit with a view to their deletion.
At the end of this reassessment, the Committee, in its opinion of 6 April 2011, again reiterated its conclusions, namely that the actual benefit of RHINOTROPHYL was insufficient, and recommended its deletion from the list of medicines refundable by National Health Insurance.
On the basis of this opinion, the minister responsible for health and social security informed the pharmaceutical company of the intention to delete RHINOTROPHYL, in accordance with article R.163-13 of the Social Security Code, and then proceeded to its deletion through the decree of 30 September 2011 which was published in the Official Gazette on 5 October 2011.

On 14 November 2011, the company Jolly-Jatel submitted a petition to cancel the decree for deletion of the proprietary medicinal product RHINOTROPHYL from the list of refundable

[1]It should be noted that in addition to the proprietary medicinal product RHINO-SULFORGAN, there used to be a proprietary medicinal product named RHINOTROPHYL containing tenoic acid and framycetin (insufficient actual benefit, opinion of 23 March 2000). The Marketing Authorisation for this medicinal product was withdrawn on 13 June 2003. Following this withdrawal of Marketing Authorisation, the brand name RHINO-SULFORGAN (ethanolamine tenoate) was changed to RHINOTROPHYL.

medicines, as well as an application for an interim order, on the grounds of urgency, to postpone the decree.
In a ruling dated 1 December 2011, the Council of State granted the interim order and postponed the decree for deletion. As a consequence of this court order, this proprietary medicinal product remains refundable by National Health Insurance with a reimbursement rate of 15%. The company has therefore applied for renewal of the inclusion of RHINOTROPHYL on the list of medicines refundable by National Health Insurance.

03 THERAPEUTIC INDICATIONS

"Local adjuvant treatment of conditions of the nasopharyngeal mucosa."

04 DOSAGE

"Adults: 1 spray in each nostril 4 to 6 times a day.
Children aged over 30 months: 1 spray in each nostril 3 to 4 times a day.
Infants: 1 spray in each nostril twice a day."

05 THERAPEUTIC NEED[2]

Acute nasopharyngitis most often affects children. It is mainly of viral origin, benign and self-limiting.

The treatment of uncomplicated nasopharyngitis is essentially symptomatic and is based on lavage of the nasal cavities with saline solution, irrigation of the throat and/or aspiration of nasal secretions. An antipyretic in the case of fever, or short-term use of a vasoconstrictor to reduce nasal obstruction (in patients aged 15 years and over), may be added to this treatment.
There is no justification for antibiotic therapy except in cases of proven bacterial complication.

06 CLINICALLY RELEVANT COMPARATORS

The clinically relevant comparator(s) for the medicine assessed is/are medicines or any other non-drug treatment (medical devices, procedures, etc.) available at the same stage in the therapeutic strategy and intended for the same population, as on the date of the assessment.
Depending on the context, the route and frequency of administration, dosage form, packaging, membership of the same therapeutic class, etc. can be included in the concept of clinically relevant comparator.

06.1 Medicinal products

RHINOTROPHYL is a medicine intended for antiseptic and decongestant treatment (mucoregulating activity).
As it is neither a saline solution nor a vasoconstrictor, the symptomatic treatments recommended in the therapeutic strategy for reducing nasal obstruction, RHINOTROPHYL cannot be used instead of or in place of these treatments. In addition, antiseptics are not recommended in the treatment of acute nasopharyngitis.

[2] Systemic antibiotic therapy in current practice in upper respiratory tract infections in adults and children, AFSSAPS, October 2005.

Consequently, RHINOTROPHYL has no clinically relevant comparators in the indication “local adjuvant treatment of conditions of the nasopharyngeal mucosa”.

06.2 Other health technologies

Not applicable.

Conclusion

There are no clinically relevant active comparators.

07 SUMMARY OF PREVIOUS ASSESSMENTS

Date of opinion	23 March 2000 (reassessment of actual benefit, brand name RHINO-SULFORGAN) Composition: ethanolamine tenoate
Indication	“Local adjuvant treatment of infections of the nasopharyngeal mucosa”
Actual benefit	The condition treated with this proprietary medicinal product is not life-threatening, nor does it cause serious complications, nor any disability, nor a marked deterioration in quality of life. This proprietary medicinal product is intended as symptomatic treatment. The efficacy/adverse effects ratio of this proprietary medicinal product in this indication is modest. This proprietary medicinal product is an adjuvant medication. There are medicinal and non-medicinal treatment alternatives to this proprietary medicinal product. Level of actual benefit of this proprietary medicinal product: **low**

Date of opinion	13 January 2010 (renewal of inclusion, RHINO-SULFORGAN which became RHINOTROPHYL) Composition: ethanolamine tenoate
Indication	“Local adjuvant treatment of conditions of the nasopharyngeal mucosa.”
Actual benefit	Nasopharyngeal conditions are common in children. Primarily of viral origin, they are benign and usually self-limiting. They can sometimes lead to complications in the form of secondary bacterial infections (acute purulent otitis media, purulent sinusitis). This proprietary medicinal product is intended as symptomatic treatment. The efficacy of this proprietary medicinal product is poorly demonstrated. The efficacy/adverse effects ratio of this proprietary medicinal product cannot be assessed. The treatment of uncomplicated nasopharyngitis[2] is based on lavage of the nasal cavities with hypertonic or isotonic solution, irrigation of the throat and/or aspiration of nasal secretions, in combination with symptomatic treatment consisting of an antipyretic in case of fever or a nasally administered vasoconstrictor (in patients aged 15 years and over except for tuaminoheptane). There is no justification for antibiotic therapy except in cases of proven bacterial complication. Consequently, this proprietary medicinal product has no role in the therapeutic strategy. The actual benefit of RHINOTROPHYL, nasal spray, solution is **insufficient** for reimbursement by National Health Insurance.

Date of opinion	6 April 2011 (reassessment of actual benefit of RHINOTROPHYL, following the request of the Directorate-General for Health and the Directorate for Social Security, with a view to its deletion). Composition: ethanolamine tenoate
Indication	"Local adjuvant treatment of conditions of the nasopharyngeal mucosa."
Actual benefit	No new clinical efficacy data have been supplied. The company has presented an analysis of prescription data[3] for RHINOTROPHYL, already taken into account by the Transparency Committee during its previous assessment of this proprietary medicinal product on 13 January 2010. The scientific data on nasopharyngeal conditions and their treatment have been taken into account[2]. They do not give cause to change the assessment of actual benefit from the previous opinion of the Transparency Committee dated 13 January 2010. Nasopharyngeal conditions are common in children. Primarily of viral origin, they are benign and usually self-limiting. They can sometimes lead to complications in the form of secondary bacterial infections (acute purulent otitis media, purulent sinusitis). This proprietary medicinal product is intended as a symptomatic therapy. The efficacy of this proprietary medicinal product is poorly demonstrated. The efficacy/adverse effects ratio of this proprietary medicinal product cannot be assessed. The treatment of uncomplicated nasopharyngitis[2] is based on lavage of the nasal cavities with hypertonic or isotonic solution, irrigation of the throat and/or aspiration of nasal secretions, in combination with symptomatic treatment consisting of an antipyretic in case of fever or a nasally administered vasoconstrictor (indicated in patients aged 15 years and over except for tuaminoheptane). There is no justification for antibiotic therapy except in cases of proven bacterial complication. Consequently, this proprietary medicinal product has no role in the therapeutic strategy. There are treatment alternatives. In view of the available data, it is not expected that the proprietary medicinal product RHINOTROPHYL will benefit public health. *Consequently, the Transparency Committee confirms its previous opinion and considers that the actual benefit of RHINOTROPHYL* ***remains insufficient*** *to justify inclusion on the list of medicines refundable by National Health Insurance.*
Recommendation	The Transparency Committee **recommends deletion** from the list of medicines refundable by National Health Insurance.

[3]Source: DOREMA, winter 2008/2009

08 ANALYSIS OF AVAILABLE DATA

08.1 Efficacy

The Committee does not have any clinical data that demonstrate the efficacy of RHINOTROPHYL in its current composition (ethanolamine tenoate) on nasal congestion which could justify its use in the local adjuvant treatment of acute nasopharyngitis.

08.2 Safety/Adverse effects

The company has provided pharmacovigilance data (PSURs covering the period 01/02/2006 to 31/01/2011).
There are no elements in these data that change the known safety profile of this proprietary medicinal product.

08.3 Usage/prescription data

According to IMS data (moving annual total autumn 2013), 4.48 million prescriptions have been issued for RHINOTROPHYL. This proprietary medicinal product was primarily prescribed for acute nasopharyngitis (48%), influenza with respiratory symptoms (8%), bronchitis (10%) and acute pharyngitis (6%).
It was prescribed primarily in children: 35% of prescriptions were in children aged under 24 months, 19% in those aged 2 to 4 years, 24% in those aged 5 to 14 years and 41% in adolescents aged over 15 years and adults.
These usage data are not equivalent to a demonstration of efficacy.

08.4 Summary & discussion

No clinical data evaluating the current composition of RHINOTROPHYL (ethanolamine tenoate) are available. The decongestant effect of this medicine has never been demonstrated.

The pharmacovigilance data did not highlight any new safety signals.

In order to change its previous opinion, the Committee would have needed data demonstrating the efficacy of ethanolamine tenoate as an adjuvant treatment for acute nasopharyngitis.

09 THERAPEUTIC USE

The efficacy of ethanolamine tenoate on nasal congestion during acute nasopharyngitis has not been demonstrated, and it is not one of the recommended treatments for managing acute nasopharyngitis[2].

Consequently, RHINOTROPHYL has no role in the therapeutic strategy for acute nasopharyngitis.

010 TRANSPARENCY COMMITTEE CONCLUSIONS

In view of all the above data and information, and following the debate and vote, the Committee's opinion is as follows:

010.1 Actual benefit

◗Nasopharyngeal conditions are common in children. Primarily of viral origin, they are benign and usually self-limiting. They can sometimes be complicated by a secondary bacterial infection (acute purulent otitis media, purulent sinusitis).

◗This proprietary medicinal product is intended as local adjuvant treatment.

◗The clinical efficacy of this proprietary medicinal product has not been demonstrated. The efficacy/adverse effects ratio for this proprietary medicinal product therefore cannot be established.

◗The efficacy of ethanolamine tenoate on nasal congestion during acute nasopharyngitis has not been demonstrated and it is not one of the medicinal products recommended for the treatment of acute nasopharyngitis[2]. Consequently, this proprietary medicinal product has no role in the therapeutic strategy for acute nasopharyngitis.

The Committee notes that this medicinal product has been refundable by National Health Insurance since 1963 on the basis solely of pharmacological data. However, taking into account the lack of any clinical data demonstrating the efficacy of ethanolamine tenoate on nasal congestion during acute nasopharyngitis, the actual benefit of RHINOTROPHYL, nasal spray, solution remains insufficient in the Marketing Authorisation indication for reimbursement by National Health Insurance.

The Committee does not recommend continued inclusion on the list of medicines refundable by National Health Insurance.