HAUTE AUTORITÉ DE SANTÉ

CARDIOLOGY
Review
September 2014

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

ALPRESS (prolonged-release prazosin), alpha blocker

The Committee recommends the continuation of reimbursement in the treatment of arterial hypertension.

MINIPRESS (immediate-release prazosin), alpha blocker

The Committee does not recommend the continuation of reimbursement in the treatment of arterial hypertension.

Main points

- ALPRESS and MINIPRESS have Marketing Authorisation in the treatment of arterial hypertension.
- The efficacy of prazosin in patients with mild to moderate essential arterial hypertension has only been demonstrated on the basis of a surrogate endpoint, the reduction in blood pressure. No studies of the efficacy of prazosin in terms of morbidity and mortality are currently available.
- In view of the more frequent observation of hypotension under immediate-release (IR) prazosin (MINIPRESS) than under the prolonged-release (PR) form, ALPRESS, the latter is recommended for the long-term treatment of patients with arterial hypertension. MINIPRESS is no longer used in the care of patients with hypertension.

Therapeutic use

- Dietary and lifestyle measures are recommended for all hypertensive patients regardless of their blood pressure, with or without concomitant drug treatment as well.

- In uncomplicated essential hypertension, some thiazide diuretics, beta blockers, calcium channel blockers, converting enzyme inhibitors and angiotensin II receptor blockers showed a benefit in the prevention of cardiovascular events and death from any cause.
  The medicines in these classes are therefore recommended for first-line use in the management of patients with uncomplicated essential arterial hypertension.

- In most hypertensive patients, therapeutic needs are met by using these five classes of antihypertensives.
  In patients who are not controlled by medicines in these five classes, used alone or in combination, other classes of antihypertensives that have shown efficacy only in the reduction of blood pressure can be used: vasodilators, alpha blockers, centrally-acting antihypertensives.

- **Role of the medicinal product in the therapeutic strategy**
  Alpha blockers have not been shown to be effective in terms of morbidity and mortality; they are only recommended as a last resort in those rare patients who display adverse effects during treatment with any of the other five classes of antihypertensives that have been shown to be effective in terms of morbidity and mortality, or starting from the triple therapy stage to aid achievement of the target disease-free blood pressure.
  In view of the more frequent observation of hypotension under IR prazosin (MINIPRESS), only PR forms (ALPRESS) are recommended for the long-term treatment of patients with arterial hypertension.

Clinical data

- The clinical data available for the evaluation of the efficacy of IR or PR prazosin in terms of the reduction in blood pressure are based on studies with numerous methodological weaknesses (old studies carried out in patients whose care did not conform to current recommendations, low numbers of patients, lack of a comparator arm,

short follow-up period, etc.). Thus, their results should be interpreted with caution. Nevertheless, these studies do seem to confirm the efficacy of IR or PR prazosin in terms of the reduction in blood pressure compared with placebo, even though the observed effect is small.
The efficacy of IR and PR prazosin in patients with mild to moderate essential arterial hypertension has only been demonstrated on the basis of a surrogate endpoint, the reduction in blood pressure. No studies with the objective of demonstrating the efficacy of IR and PR prazosin in terms of morbidity and mortality are currently available.

- Even though the pharmacokinetic profiles of ALPRESS (PR prazosin) and MINIPRESS (IR prazosin) are different, we are not in possession of any clinical studies that reveal any differences between the two pharmaceutical forms in terms of their efficacy in relation to blood pressure. In the only available comparative study of ALPRESS (PR prazosin) and MINIPRESS (IR prazosin), no difference between the two groups studied in terms of the reduction in blood pressure or the proportion of responders was observed after 2 weeks of treatment (statistical test not available).

- Analysis of the most recent pharmacovigilance data has not demonstrated that PR prazosin has a poor safety profile.
  One study has compared the efficacy and safety of six antihypertensive medicinal products used in monotherapy (hydrochlorothiazide, atenolol, captopril, clonidine, diltiazem and prazosin) with placebo in 1292 adults with mild to moderate hypertension. Instances of hypotension were observed in 12% of patients treated with IR prazosin compared with 8% in patients treated with clonidine and 5% in patients on placebo. Instances of hypotension were also observed with the PR form (ALPRESS), but they were rare.

Benefit of the medicinal product

- The actual benefit* of ALPRESS (PR prazosin) is substantial.
- **Recommends** the continuation of inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

- The actual benefit* of MINIPRESS (IR prazosin) is insufficient.
- **Does not recommend** the continuation of inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

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This document was created on the basis of the Transparency Committee Opinion of 17 September 2014 (CT-13110 and CT-13124) and is available at **www.has-sante.fr**

* The actual benefit (AB) of a proprietary medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the AB, which can be substantial, moderate, low or insufficient insufficient for reimbursement by the National Health Insurance.

** The clinical added value (CAV) describes the improvement in treatment provided by a medicinal product compared with existing treatments. The HAS Transparency Committee assesses the degree of CAV on a scale from I (major) to IV (minor). A level V CAV means “no clinical added value”.