HAUTE AUTORITÉ DE SANTÉ

INFECTIOUS DISEASE
New indication
December 2017

SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

TRUVADA (emtricitabine, tenofovir disoproxil), antiretroviral combination

High clinical benefit for the adolescent population (12 - 18 years) but no proven clinical added value compared to the use of the free forms (VIREAD or EMTRIVA)

Main points

- TRUVADA has now been granted a marketing authorisation for the treatment of HIV-1-infected adolescents, exhibiting resistance or toxicities to RTNIs preventing the use of first-line agents and aged from 12 to under 18 years.
- It is an option in the absence of another therapeutic alternative, for the adolescent population aged from 12 to under 18 years, with established HIV susceptibility to tenofovir and in the absence of kidney failure.
- Its prescription for the paediatric population requires a multidisciplinary approach and suitable monitoring during treatment.

Pre-existing indications*

TRUVADA has been granted a marketing authorisation for HIV-1-infected adults and for pre-exposure prophylaxis to reduce the risk of sexually transmitted HIV-1 infection in adults at a high contamination risk.

Therapeutic strategy

For children and adolescents, combinations including two reverse transcriptase nucleoside inhibitors (RTNIs) and a protease inhibitor (PI)/ritonavir are preferred. Three RTNI combinations (abacavir+zidovudine, abacavir+lamivudine, lamivudine+zidovudine) may be used.

Role of the medicinal product in the therapeutic strategy

The use of TRUVADA is limited by the renal and bone toxicity of tenofovir DF. For children, other RTNIs may be used as a first-line treatment. TRUVADA, in combination with other antiretrovirals, is a therapeutic option only in the absence of an alternative, for adolescents at Tanner puberty development stages 4/5, with established HIV susceptibility to tenofovir and in the absence of kidney failure. Due to potential cross-resistance with other RTNIs, it is advised, prior to prescription, to confirm the absence of mutations lowering viral susceptibility to the substances included in the combination by reverse transcriptase genotyping.

Clinical data

- No studies have assessed the combination of the free forms (emtricitabine + tenofovir DF) or the fixed combination TRUVADA in the adolescent population aged from 12 to under 18 years.
  The efficacy and safety are extrapolated from clinical data relating to the use of the free forms (VIREAD or EMTRIVA) in combination with other antiretrovirals in the paediatric population, which suggest a similar efficacy and safety profile to that observed in adults.
  These data are very limited and do not allow a definite conclusion in respect of the clinical efficacy and safety of TRUVADA in the paediatric population.

* This summary does not concern these indications.

Special prescription requirements

- Initial annual hospital prescription. Unrestricted renewal.

Benefit of the medicinal product

- The actual clinical benefit* of TRUVADA is high for the indication extension, in the absence of another therapeutic alternative, for the adolescent population aged from 12 to under 18 years, with established HIV susceptibility to tenofovir and in the absence of kidney failure.
- TRUVADA does not provide any clinical added value** (CAV V) compared to the use of the free forms (VIREAD or EMTRIVA) in combination with other antiretrovirals in the paediatric population "HIV-1-infected adolescents, exhibiting resistance or toxicities to RTNIs preventing the use of first-line agents and aged from 12 to under 18 years".
- Approval for non-hospital pharmacy reimbursement and for hospital treatment.

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This document was drafted on the basis of the Transparency Committee opinion dated 13 December 2017 (CT-16410) available at **www.has-sante.fr**

* The actual clinical benefit of a medicinal product (ACB) consists of its benefit particularly on the basis of its clinical performances and the severity of the disease treated. The HAS Transparency Committee assesses the ACB, which may be high, moderate, low, or insufficient for the medicinal product to be covered by public funding.

** The clinical added value (CAV) consists of the clinical improvement offered by a medicinal product compared to existing treatments. The HAS Transparency Committee assesses the CAV rating from I, major, to IV, minor. A CAV rating of V (equivalent to "no CAV") denotes a "lack of clinical improvement".