HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
OPINION
13 MAY 2020

ibalizumab
TROGARZO solution for infusion

First assessment

Key points

Favourable opinion for reimbursement in the treatment of adults infected with multidrug-resistant HIV-1 infection for whom it is otherwise not possible to construct a suppressive antiviral regimen.

What therapeutic improvement?

Therapeutic improvement in the care pathway for patients with multidrug-resistant HIV-1 infection and for whom currently available antiretroviral therapies (ARVs) are unable to achieve viral suppression.

Role in the care pathway?

The management of HIV infection is well standardised and is the subject of national and international guidelines. Combination therapies with at least 3 highly active agents are recommended for first-line treatment, including 2 NRTIs + a third agent (1 PI, 1 NNRTI or 1 INI).

In patients with established virologic failure, the choice of the new treatment should ideally be discussed at a multidisciplinary review meeting, including clinicians, a virologist and a pharmacologist. The opinion of a team experienced in the management of these patients is essential in situations where the treatment options appear to be limited. Except in specific cases, treatment interruptions should be avoided. The optimal treatment regimen consists of three active agents, based on treatment history and cumulative genotype. ARVs that can be considered to be active are those belonging to a class

not yet used or belonging to a class already used but for which the current or cumulative resistance genotype(s) suggest(s) that the ARV in question is active.

Introduction of a new therapy including just one active medicinal product is not recommended since this would lead to rapid selection of new resistance mutations. Following a change of antiretroviral therapy due to virologic failure, early control (after one month) of viral load and the safety of the new treatment is required.

Role of the medicinal product in the care pathway

TROGARZO (ibalizumab) is a last therapeutic option, in combination with other appropriate antiretrovirals, for the treatment of patients with multidrug-resistant HIV-1 infection and for whom currently available antiretroviral therapies are unable to achieve viral suppression.

Special recommendations

Given the product characteristics and the complexity of management of patients in a multi-drug failure situation, the Committee recommends restricting the prescription of TROGARZO to physicians experienced in the management of patients with multidrug-resistant HIV-1 infection and following discussion at a multidisciplinary review meeting.

01 COMMITTEE'S CONCLUSIONS

01.1 Clinical benefit

◗ HIV infection is a serious, life-threatening disease.
◗ TROGARZO (ibalizumab) aims to prevent and/or correct the immune deficiency induced by HIV infection in adult patients.
◗ Its efficacy/adverse effects ratio has not been adequately established in the absence of data supporting the sustainability of the effect in clinical studies and remains to be specified in the context of the MA. However, preliminary data demonstrating a short-term virologic activity against strains resistant to other available antiretrovirals are currently reassuring and deemed to be satisfactory in view of the medical need.
◗ TROGARZO (ibalizumab) is a last therapeutic option reserved for use in adults infected with multidrug-resistant HIV-1 infection for whom it is otherwise not possible to construct a suppressive antiviral regimen.
◗ There are no therapeutic alternatives.

◗ Public health impact

Considering:

- the frequency and seriousness of the infection concerned,
- the medical need to have access to new antiretrovirals with improved efficacy, safety and drug interaction profiles,
- the unmet need in patients infected with multidrug-resistant HIV-1 infection for whom it is otherwise not possible to construct a suppressive antiviral regimen,
- the fact that TROGARZO may provide a response to the identified medical need, without formal demonstration of this, due to its virologic activity against strains resistant to other available antiretrovirals, but for which the impact on morbidity and mortality and/or quality of life cannot be assessed on the basis of the limited data available,
- the lack of additional impact demonstrated on the care and/or life pathway,
- but in view of its expected impact in terms of breaking the HIV transmission chain with multidrug-resistant virus strains due to the reduction in viral load.

TROGARZO (ibalizumab) is likely to have an additional impact on public health, in particular due to its expected impact in terms of breaking the HIV transmission chain with multidrug-resistant virus strains due to the reduction in viral load.

Given all these elements, the Committee deems that the clinical benefit of TROGARZO (ibalizumab) is substantial in the MA indication.
The Committee issues a favourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and dosages.

01.2 Clinical Added Value

Considering:

- **its virologic activity against HIV-1 infection resistant to the antiretroviral medicines currently approved,**
- **the limited clinical data (TMB-301 study) available in patients in a multidrug-resistant (multi-failure) situation but having demonstrated a marked early virologic activity, with an immuno-virologic response and a favourable safety profile after 25 weeks of treatment in a context in which ibalizumab is used in combination with an optimised long-term treatment,**
- **limited follow-up in terms of maintenance of efficacy and concerning the long-term safety,**

the Committee considers that TROGARZO (ibalizumab), in combination with an optimised long-term treatment, provides a minor clinical added value (CAV IV) in the therapeutic

strategy in patients infected with multidrug-resistant HIV-1 infection for whom it is otherwise not possible to construct a suppressive antiviral regimen.