SUMMARY

angiotensin II acetate

GIAPREZA 2.5 mg/ml,

concentrate for solution for infusion

Initial inclusion

Original French opinion adopted by the Transparency Committee on 17 January 2024

The legally binding text is the original French opinion version

Transparency Committee's Conclusions

Clinical Benefit

- Refractory septic shock is a serious life-threatening condition.
- This is a symptomatic medicinal product.
- The efficacy/adverse effects ratio of angiotensin II is poorly defined to date considering the evidence of efficacy only relating to an intermediate outcome measure *versus* placebo (increase in mean arterial pressure) in patients, the majority of whom had a mean arterial pressure of at least 65 mmHg (above the target for septic shock patients receiving vasopressors).
- This is a last-line treatment in view of the therapies available (see 5.1).

Public health benefit

In view of:

- the seriousness of the condition and its high prevalence;
- the insufficiently met medical need among patients presenting with septic shock or any other distributive shock with persistent hypotension despite adequate vascular filling and administration of catecholamines and other available vasopressors;
- the partial response to the identified need:
  - with a lack of evidence of an additional impact to date on morbidity-mortality,
  - and a lack of expected additional impact on the care pathway;

GIAPREZA (angiotensin II) is unlikely to have an additional impact on public health.

Considering all of these elements, the Committee deems that the clinical benefit of GIAPREZA 2.5 mg/ml (angiotensin II), concentrate for solution for infusion, is moderate in the Marketing Authorisation indication.

The Committee approves the inclusion of GIAPREZA 2.5 mg/ml (angiotensin II), concentrate for solution for infusion, in the list of covered drugs for inpatients for the indication and at the dosages of the marketing authorisation.

Clinical Added Value

In view of:

- the evidence of superiority of angiotensin II versus placebo in a phase III study (ATHOS-3) only on an intermediate outcome measure (increase in mean arterial pressure at 75 mmHg minimum or increase in relation to baseline of at least 10 mmHg 3 hours after setting up treatment), in addition to catecholamines and/or other vasopressors, in 321 adult distributive shock patients with refractory hypotension;
- the lack of evidence of the efficacy of angiotensin II on mortality;
- the lack of active comparator in the ATHOS-3 study, not allowing a positioning of angiotensin II compared to other available vasopressors in the therapeutic strategy;
- an acceptable safety profile, but with identified adverse events (thromboembolic events and peripheral ischaemia) which entail close blood pressure monitoring, the use of concomitant prophylaxis of venous thromboembolic events and administration of the product at the lowest possible dose to achieve or maintain adequate mean arterial pressure and tissue perfusion;
- a medical need for a therapeutic alternative in the treatment of refractory hypotension in cases of septic shock or other distributive shocks;

the Committee deems that GIAPREZA 2.5 mg/ml (angiotensin II), concentrate for solution for infusion, provides no clinical added value (CAV V) in the current last-resort therapeutic strategy for the treatment of refractory hypotension in adults presenting with septic shock or any other distributive shock despite adequate vascular filling and after administering catecholamines and other available vasopressors.