SUMMARY

tirzepatide

MOUNJARO 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg and 15 mg

solution for injection in pre-filled pen

First listing

Adopted by the Transparency Committee on 17 July 2024

Summary of opinion

Favourable opinion for reimbursement only "for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise":

- **as dual therapy with metformin,**
- **as triple therapy with metformin and a sulphonylurea,**
- **as triple therapy with metformin and basal insulin"**

Unfavourable opinion for reimbursement in the other situations covered by the MA indication.

Transparency Committee's conclusions

Clinical Benefit

- Diabetes is a chronic disease with potentially serious complications, particularly cardiovascular. The objective of treatment of type 2 diabetes is to prevent its numerous, serious and often disabling complications, that are often insidious, such as microangiopathy (affecting the retina, nerves, heart and kidneys) and sudden complications of macroangiopathy, such as myocardial infarction or stroke. Diabetes promotes the development of heart failure.
- This is a medicinal product intended to prevent diabetes complications.
- Considering the demonstrated efficacy of tirzepatide on an intermediate biological endpoint, HbA1c variation and on a weight loss endpoint, only in combination with metformin, with metformin and a sulphonylurea, with metformin and basal insulin, the absence of evidence of a benefit on clinically relevant morbidity and mortality endpoints, a safety profile that appears to be favourable with limited follow-up in clinical studies, the efficacy/adverse effects ratio of MOUNJARO (tirzepatide) is moderate. As monotherapy, the efficacy/adverse effects ratio of MOUNJARO (tirzepatide) is inadequately established in the absence of conclusive clinical data.
- This is a second or third-line medicinal treatment in view of the therapies available.

➔ Public health benefit

Considering:

- the seriousness of the disease with, in particular, microvascular and macrovascular complications,
- the high and constantly increasing prevalence of type 2 diabetes,
- the medical need currently met by medicinal products having all demonstrated an efficacy on an intermediate biological endpoint (and not a surrogate endpoint), HbA1c variation, as well as by medicinal products, gliflozins or SGLT2 inhibitors and certain GLP1 analogues (liraglutide and dulaglutide) having shown evidence of a reduction in cardiovascular and renal morbidity and mortality, only in combination and following the failure of monotherapy with metformin or a sulphonylurea; and the unmet need to have access to an antidiabetic drug having shown evidence of a reduction in cardiovascular and renal morbidity and mortality, which improves patients' compliance with and adhesion to treatment, with a satisfactory safety profile,
- the lack of response to the identified need considering:
  - the lack of evidence of an additional impact of tirzepatide on morbidity and mortality or on quality of life based on four comparative, randomised clinical trials versus an active comparator,
  - the lack of evidence of an additional impact on the organisation of care, and the care or life pathway for patients or their families, given the lack of data supplied,

MOUNJARO (tirzepatide) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of MOUNJARO 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg (tirzepatide) is:

- **moderate only in the indication "for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:**
  - **as dual therapy with metformin,**
  - **as triple therapy with metformin and a sulphonylurea,**
  - **as triple therapy with metformin and basal insulin".**
- **insufficient to justify public funding cover in view of the available alternatives in the other MA situations.**

The Committee issues the following opinions:

- **a favourable opinion for inclusion of MOUNJARO 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg (tirzepatide) in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use only within the scope retained and at the MA dosages.**
- **an unfavourable opinion for inclusion of MOUNJARO 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg (tirzepatide) in both the list of covered drugs for outpatients and the list of covered drugs for inpatients approved for use in the other situations covered by the MA indication.**

➔ Recommended reimbursement rate for inclusion in the list of covered drugs for outpatients: 30%

Clinical Added Value

Considering,

- **the demonstrated efficacy of tirzepatide versus active comparators (semaglutide, insulin glargine, insulin degludec, insulin lispro) on an intermediate biological endpoint of HbA1c variation and on a ranked secondary endpoint of weight loss, only in combination with metformin, with metformin and a sulphonylurea, with metformin and basal insulin,**
- **the absence of evidence of a benefit of tirzepatide on clinically relevant morbidity and mortality endpoints, in particular cardiovascular (reduction of the 3P-MACE composite endpoint including cardiovascular death, non-fatal myocardial infarction and non-fatal stroke) or renal endpoints,**
- **the safety profile of tirzepatide, which appears to be favourable with limited follow-up in clinical trials, characterised by gastrointestinal events, like GLP-1 analogues,**
- **but uncertainties regarding the long-term safety of tirzepatide, particularly related to its GIP receptor agonist component,**

the Committee deems that MOUNJARO (tirzepatide) provides no clinical added value (CAV V) in the current care pathway, which includes GLP-1 analogues, in adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, only as dual therapy in combination with metformin, as triple therapy with metformin and a sulphonylurea, and as triple therapy with metformin and basal insulin.