SUMMARY

argipressin (arginine vasopressin)

REVERPLEG 40 IU/2 mL

concentrate for solution for infusion

New listing request

Adopted by the Transparency Committee on 25 September 2024

Summary of opinion

Favourable opinion for the reimbursement of REVERPLEG (argipressin) in the treatment of catecholamine-refractory hypotension following septic shock in adult patients aged over 18 years.

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 has not been adequately established to date given the absence of data with a good level of evidence demonstrating an efficacy of vasopressin in terms of reducing mortality and morbidity in patients with catecholamine-refractory hypotension following septic shock.
- This is a second-line therapy for the treatment of refractory hypotension in adults with septic shock and persistent hypotension despite adequate volume substitution and administration of catecholamines as first-line therapy.

Public health benefit

Considering:

- the seriousness of the disease and its high prevalence;
- the insufficiently met medical need in adults with septic shock and persistent hypotension despite adequate volume substitution and administration of catecholamines;
- the partial response to the identified need given:
  - the lack of evidence of an additional impact on morbidity and mortality to date;
  - the absence of any expected additional impact on the organisation of care;

REVERPLEG (argipressin) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of REVERPLEG (argipressin) 40 IU/2 mL concentrate for solution for infusion is moderate in the MA indication.

The Committee issues a favourable opinion for inclusion of REVERPLEG (argipressin) 40 IU/2 mL concentrate for solution for infusion in the list of covered drugs for inpatients approved for use in the MA indication and at the MA dosages.

Clinical Added Value

Considering:

- expert opinions, which highlight:
  - the role of vasopressin in international guidelines as a second-line therapy in patients with septic shock and inadequate mean blood pressure despite treatment with noradrenaline (weak recommendation, moderate level of evidence);
  - the value of limiting the catecholamine dose in order to reduce adrenergic stimulation in the context of prolonged treatment with noradrenaline in the event of septic shock;
  - the potential benefit of a multimodal approach using different vasopressors with the aim of creating a synergy of action mechanisms against vasoplegia and reducing the harmful effects of each vasoactive drug;

but in view of:

- the absence of data with a good level of evidence demonstrating an efficacy of vasopressin in terms of reducing mortality and morbidity in patients with catecholamine-refractory hypotension following septic shock;
- the absence of evidence of an additional advantage in terms of safety of adding low-dose vasopressin to noradrenaline compared to noradrenaline alone in the MA indication;
- uncertainties with respect to the dosages of REVERPLEG (argipressin) and noradrenaline that will be used in real-world conditions, in a context where high doses of REVERPLEG may cause skin and gut necrosis (in accordance with the information in the SmPC);

The Committee considers that REVERPLEG (argipressin) 40 IU/2 mL concentrate for solution for infusion provides no clinical added value (CAV V) in the current care pathway for the management of catecholamine-refractory hypotension following septic shock in adult patients.