26 March 2020
Committee for Medicinal Products for Human Use (CHMP)

# Scientific conclusions and grounds for the variation to the terms of the marketing authorisation(s)

Active substance(s): cobicistat

Procedure No. EMEA/H/C/PSUSA/00010081/201908

Period covered by the PSUR:27 August 2018 To: 26 August 2019

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**Scientific conclusions**

Taking into account the PRAC Assessment Report on the PSUR(s) for cobicistat, the scientific conclusions of CHMP are as follows:

During this reporting period, an article was published by *Momper et al*, Pharmacokinetics of Atazanavir Boosted with Cobicistat During Pregnancy and Postpartum, IDSA 2019 {Momper 2019}, describing the results from the IMPAACT P1026s study. In this study, the reported PK data showed lower exposures of cobicistat (COBI) and atazanavir (ATV) when cobicistat (COBI) was used as a booster with ATV during pregnancy specially in the second and third trimester compared to postpartum. This finding was consistent with previous studies which showed lower exposures of elvitegravir (EVG) and darunavir (DRV) after their use with COBI as a booster during pregnancy {Best 2017, Momper 2018}.

The COBI CCDS was previously updated to include the statement that lower exposures of COBI have been reported during pregnancy and to closely monitor viral load in pregnant women (reported in a previous COBI PSUR [27 August 2017 -26 August 2018]).Consequently, the MAH has submitted a proposal to update the COBI SmPC and PL, which has been endorsed with minor changes.

Of note, this proposal to update the product information of Tybost is consistent with the previously approved pregnancy update relating to the use of darunavir and cobicistat during pregnancy (procedure EMEA/H/C/002572/WS1401/0044), and with the recently approved pregnancy update to the EVOTAZ (atazanavir/cobicistat) product information (procedure EMEA/H/C/003904/II/0030).

Therefore, and as proposed by the MAH, the SmPC and the PL of medicinal products containing cobicistat are updated to add a warning to not initiate atazanavir/cobicistat during pregnancy, and to switch to an alternative regimen for women who become pregnant during therapy with atazanavir/cobicistat. Consequently, the current recommendation that cobicistat and atazanavir should only be used during pregnancy if the potential benefit justifies the potential risk to the foetus and mother should be deleted.

The CHMP agrees with the scientific conclusions made by the PRAC.

**Grounds for the variation to the terms of the marketing authorisation(s)**

On the basis of the scientific conclusions for cobicistat the CHMP is of the opinion that the benefit-risk balance of the medicinal product(s) containing cobicistat is unchanged subject to the proposed changes to the product information

The CHMP recommends that the terms of the marketing authorisation(s) should be varied.