HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
OPINION
11 DECEMBER 2019

anagrelide
ANAGRELIDE AOP 0.5 mg hard capsules

First assessment

Key points

Unfavourable opinion for reimbursement for the reduction of elevated platelet counts and the associated clinical symptoms in high-risk essential thrombocythaemia (ET) patients.

Role in the care pathway?

An adequate response to the first-line treatment (hydroxyurea or, potentially, pegylated interferon alpha used off-label) is obtained in the majority of patients. XAGRID, a proprietary medicinal product containing anagrelide, may only be envisaged as second-line treatment in patients who are intolerant or are not responding to their current therapy, in accordance with its MA. Busulfan may also be used off-label, but its leukaemogenic potential restricts its role to last-line treatment or in very elderly subjects. The choice of cytoreductive agent is based on the profile of each patient and, in particular, the expected safety.

Role of the medicinal product in the care pathway

ANAGRELIDE AOP is a new medicinal product, containing anagrelide, a generic of the proprietary medicinal product THROMBOREDUCTIN, which has no MA in France. It is not a generic of XAGRID.

Considering:
- the efficacy data available for THROMBOREDUCTIN as first-line treatment, derived from a single-blind, non-inferiority study versus hydroxyurea, having included patients considered to be high-risk on the basis of diagnostic criteria and treatment regimens different from those now accepted by consensus, and for which, in addition, the demonstration of non-inferiority is debatable,

- the existence of several proprietary medicinal products containing anagrelide reimbursed in France in second-line therapy (XAGRID and its generics),
- the descriptive, non-comparative clinical data, which are insufficient to assess ANAGRELIDE AOP as a second-line treatment, in a context in which ANAGRELIDE AOP is not bioequivalent to XAGRID,

the Committee deems that ANAGRELIDE AOP has no role in the care pathway for the treatment of high-risk essential thrombocythaemia (ET) patients, as either first or second-line therapy.

COMMITTEE'S CONCLUSIONS

Clinical Benefit

◗ Essential thrombocythaemia is a serious condition. It is characterised by a risk of potentially life-threatening primarily arterial thrombotic events.
◗ It is a preventive treatment.
◗ The efficacy/adverse effects ratio has not been adequately established in view of the low relevance of the data available in first-line treatment (demonstration of non-inferiority versus hydroxyurea in patients treated on the basis of criteria and treatment regimens that are no longer those accepted by consensus, and with a debatable non-inferiority limit) and insufficient data in second-line treatment.
◗ There are therapeutic alternatives, in particular containing anagrelide.
◗ ANAGRELIDE AOP has no role in the care pathway for the treatment of high-risk essential thrombocythaemia (ET) patients, as either first or second-line therapy.

◗ Public health impact:
Considering:
- The seriousness of the disease,
- Its low prevalence,
- The covered medical need,
- The absence of response to the partially met need (significant methodological limitations of the study having assessed the non-inferiority of THROMBOREDUCTIN (originator medicinal product for ANAGRELIDE AOP, not available in France) compared to HYDREA (hydroxyurea) and the weakness of the data available in second-line treatment),
- The lack of any demonstrated additional impact on the organisation of care (hospitalisation, AE, etc.),

ANAGRELIDE AOP 0.5 mg is unlikely to have an additional impact on public health.

Considering these elements, the Committee deems that the clinical benefit of ANAGRELIDE AOP 0.5 mg is insufficient in the MA indication to justify its funding by the French national health insurance system.

The Committee issues an unfavourable opinion for inclusion in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the MA indication(s) and dosages.

Clinical Added Value

Not applicable.