HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
OPINION
05 FEBRUARY 2020

romiplostim
NPLATE 125 micrograms powder for solution for injection

First assessment

Key points

Favourable opinion for reimbursement in chronic immune (idiopathic) thrombocytopenic purpura (ITP) patients one year of age and older who are refractory to other treatments (e.g. corticosteroids, immunoglobulins).

What therapeutic improvement?

A slight therapeutic improvement in the treatment of chronic ITP patients one year of age and older who are refractory to other treatments (e.g. corticosteroids, immunoglobulins) and who have not responded to one of the second-line treatments (immunosuppressant, rituximab).

Role in the care pathway?

ITP requires the initiation of specialised care, in liaison with the general practitioner.

In the absence of clinical or haematological signs of ITP severity and consequences on quality of life, no treatment or corticosteroid/IgIV therapy (on demand or programmed) may be proposed.

According to the expert opinion, the occasional use of TPO-R agonists (romiplostim and eltrombopag) may be considered in the treatment of marked thrombocytopenia refractory to first-line treatments, in the event of severe bleeding syndrome, in the context of preparation for a surgical procedure or pending the effect of already initiated second-line therapy.

Outside these occasional uses, given the primarily suspensive effect and uncertainties with respect to the long-term safety data for these products, TPO-R agonists (romiplostim and eltrombopag) may be considered in the treatment of chronic ITP refractory to first-line treatments (e.g. corticosteroids, immunoglobulins), following the failure of one of the second-line treatments (immunosuppressant, rituximab).

COMMITTEE'S CONCLUSIONS

Clinical Benefit

◗ Characterised by thrombocytopenia, generally combined with a bleeding syndrome, usually limited to purpura, ecchymoses, petechiae and/or mucous membrane bleeding, childhood immune thrombocytopenic purpura (ITP) is a benign, post-infectious disease in the majority of cases. Chronicisation (present for more than 12 months) is less common in children than in adults and spontaneous remissions remain possible, even after several years. The bleeding risk is specific in children due to a juvenile vascular status and a potentially high exposure to injuries. In very rare cases of very severe thrombocytopenia, visceral bleeding may occur. ITP can significantly affect the quality of life of children. The prognosis is severe in chronic and multirefractory forms.
◗ Given its suspensive mechanism of action (TPO-R agonist), NPLATE can be considered to be a symptomatic treatment.
◗ The efficacy/adverse effects ratio is high in the short term.
◗ Treatment with NPLATE (romiplostim) may be envisaged in chronic ITP refractory to first-line treatments (e.g. corticosteroids, immunoglobulins), following the failure of one of the second-line treatments (rituximab, immunosuppressants). However, the occasional use of NPLATE may be considered in the treatment of marked thrombocytopenia refractory to first-line treatments, in the event of severe bleeding syndrome, in the context of preparation for a surgical procedure or pending the effect of already initiated second-line therapy.

Public health impact

Considering:
- the seriousness of refractory chronic immune thrombocytopenic purpura,
- the low prevalence of chronic and refractory ITP in children one year of age and older,
- the unmet medical need in situations of multirefractory chronic ITP,
- the partial response to the identified medical need: short-term efficacy, uncertainties with respect to the long-term safety of the product,
- the absence of robust data on quality of life,
- the absence of any demonstrated impact on the organisation of care,

NPLATE is unlikely to have an impact on public health in children one year of age and older.

Considering all these elements, the Committee deems that the clinical benefit of NPLATE 125 micrograms powder for solution for injection is substantial in the MA paediatric extension.

The Committee issues a favourable opinion for inclusion in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the marketing authorisation paediatric extension and dosages.

Clinical Added Value

Considering:

- **the demonstration of the superiority of NPLATE (romiplostim) compared to placebo on the durable platelet response (> 6 weeks), the primary outcome measure, in children one year of age and older with ITP, diagnosed at least 6 months previously, refractory to first-line treatments,**
- **the mechanism of action of TPO-R agonists,**
- **the absence of demonstration of efficacy on the number of bleeding episodes and the use of rescue medications,**
- **the lack of long-term efficacy and safety data for the product, which has a primarily suspensive effect,**
- **the absence of comparative data versus the other treatments of ITP used in second-line therapy,**
- **the absence of any demonstration of efficacy in children refractory to first-line medicinal treatments and not responding to second-line treatments,**

the Transparency Committee considers that NPLATE provides a minor clinical added value (CAV IV) in the treatment of chronic ITP patients one year of age and older who are refractory to other treatments (e.g. corticosteroids, immunoglobulins) and who have not responded to one of the second-line treatments (immunosuppressant, rituximab).