HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE

SUMMARY

10 MARCH 2021

The legally binding text is the original French opinion version

human fibrinogen 80 IU/mL and human thrombin 500 IU/mL

VERASEAL solutions for sealant in pre-filled syringes (glass)

First assessment

Key points

Favourable opinion for reimbursement in supportive treatment in adults where standard surgical techniques are insufficient:
- for improvement of haemostasis;
- as suture support: in vascular surgery.

What therapeutic improvement?

No clinical added value in the therapeutic strategy.

◗ Role in the care pathway?

Any surgical procedure must end with the achievement of complete and careful haemostasis of the surgical area. The first-line management of surgical haemostasis uses conventional methods. Surgeons have access to a variety of tools, from the simplest to the most elaborate:

- mechanical:
  - pressure;
  - vessel sutures and ligation (stitches, staples or clips).
- thermal:
  - via the production of high-frequency alternating electric currents: mono and bipolar electrocoagulation, which uses tissue resistance to the passage of the current to generate a localised rise in temperature; electrocoagulation using argon plasma, which uses the thermal effect and an ionised argon jet on tissue.
  - based on the capacity of radiation to stimulate tissue molecules in order to obtain a local temperature rise (infrared photocoagulator, etc.).

When these conventional surgical haemostasis techniques are insufficient, surgical haemostatics can be used in addition to haemostasis.

Role of the medicinal product in the care pathway

Considering efficacy data that, although limited, is similar to that found with other surgical haemostatics, including fibrin sealants, the Transparency Committee considers that VERASEAL (fibrinogen/thrombin) is a last-line supportive treatment in salvage situations, in addition to conventional methods, in the same way as other surgical haemostatics, for improvement of haemostasis or as suture support in vascular surgery where standard surgical techniques are insufficient.

COMMITTEE'S CONCLUSIONS

Clinical benefit

Supportive treatment in adults where standard surgical techniques are insufficient for improvement of haemostasis

◗ The conditions concerned by the indications of VERASEAL are life-threatening. The indications of VERASEAL aim to reduce bleeding after surgical procedures particularly in specific contexts (liver congestion following hepatectomy, haemostasis disorders).

◗ It is a curative supportive treatment to obtain haemostasis when standard methods are insufficient.

◗ The efficacy/adverse effects ratio is moderate, given the efficacy results from two phase 3 studies having compared VERASEAL with SURGICEL (medical device based on oxidised regenerated cellulose), one in hepatic surgery having demonstrated a clinically modest reduction in terms of time to achieving haemostasis with VERASEAL, the other in soft tissue surgery having only demonstrated the non-inferiority of VERASEAL in terms of success of perioperative haemostasis after 4 minutes, with no clinically demonstrated impact on clinically relevant criteria such as need for transfusions, revision surgery or death.

◗ There are medicinal and non-medicinal (medical devices) therapeutic alternatives.

◗ This proprietary medicinal product is a last-line supportive treatment in salvage situations, in addition to conventional methods, for improvement of haemostasis where standard surgical techniques are insufficient

Public health impact
Considering:
- the seriousness of the conditions concerned,
- the met medical need,
- the lack of additional response to the already met need in the absence of any demonstrated additional impact on morbidity and mortality or on quality of life versus a product containing fibrin or thrombin,
- the absence of data supporting an additional impact on the organisation of care or the patient's pathway,

VERASEAL (human fibrinogen/human thrombin) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of VERASEAL is substantial as a supportive treatment in adults where standard surgical techniques are insufficient for improvement of haemostasis.

The Committee issues a favourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and dosages.

Supportive treatment in adults where standard surgical techniques are insufficient as suture support in vascular surgery

◗ The conditions concerned by the indications of VERASEAL are life-threatening. The indications of VERASEAL aim to reduce bleeding after surgical procedures.

◗ It is a curative supportive treatment as suture support in vascular surgery when standard methods are insufficient.

◗ The efficacy/adverse effects balance is moderate, given efficacy results demonstrating a clinically modest reduction in the time to achieve haemostasis versus manual compression, with no clinically demonstrated impact on clinically relevant criteria such as need for transfusions, revision surgery or death.

◗ There are medicinal and non-medicinal (medical devices) therapeutic alternatives.

◗ This proprietary medicinal product is a last-line supportive treatment in salvage situations, in addition to conventional methods, as suture support in vascular surgery where standard surgical techniques are insufficient.

Public health impact

Considering:

- the seriousness of the conditions concerned,
- the met medical need,
- the lack of additional response to the already met need in the absence of any demonstrated additional impact on morbidity and mortality or on quality of life versus a product containing fibrin or thrombin,
- the absence of data supporting an additional impact on the organisation of care,

VERASEAL (human fibrinogen/human thrombin) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of VERASEAL is substantial as a supportive treatment in adults where standard surgical techniques are insufficient as suture support in vascular surgery.

The Committee issues a favourable opinion for inclusion in the hospital formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and dosages.

Clinical Added Value

For improvement of haemostasis:

Considering:

- demonstration, versus SURGICEL (cellulose matrix), of a clinically modest reduction in the time to achieve haemostasis in hepatic surgery, and non-inferiority in terms of success of perioperative haemostasis after 4 minutes in soft tissue surgery,
- the low clinical relevance of these intermediate endpoints,
- the absence of a demonstrated impact on clinically relevant criteria such as postoperative complications including blood loss, need for transfusions, revision surgery or surgery duration, not assessed in these studies,
- the absence of studies having compared VERASEAL (fibrinogen/thrombin) to another product containing fibrin or thrombin,

the Committee considers that VERASEAL (fibrinogen/thrombin) provides no clinical added value (CAV V) in the current surgical strategy for adults for improvement of haemostasis where standard surgical techniques are insufficient.

As suture support in vascular surgery

Considering:

- demonstration of a clinically modest reduction in the time to achieve haemostasis in vascular surgery versus manual compression,
- the low clinical relevance of this intermediate endpoint,
- the absence of a demonstrated impact on clinically relevant criteria such as postoperative complications including blood loss, need for transfusions, revision surgery or surgery duration, not assessed in these studies,
- the absence of studies having compared VERASEAL (fibrinogen/thrombin) to another product containing fibrin or thrombin,

the Committee considers that VERASEAL (fibrinogen/thrombin) provides no clinical added value (CAV V) in the current surgical strategy for adults as suture support in vascular surgery where standard surgical techniques are insufficient.