This policy statement is approved by Halton, Knowsley, Liverpool, South Sefton, Southport and Formby, St Helens, Warrington, West Lancashire, and Wirral CCGs

Ha Kn Li SS SF SH Wa WL Wi

NHS
Pan Mersey
Area Prescribing Committee

ELTROMBOPAG film-coated tablets (Revolade®) for Acquired Severe Aplastic Anaemia

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of ELTROMBOPAG tablets (Revolade®) for the treatment of Acquired Severe Aplastic Anaemia (SAA)

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Eltrombopag is licensed in adult patients with acquired SAA who were either refractory to prior immunosuppressive therapy or heavily pre-treated and are unsuitable for haematopoietic stem cell transplantation.[1]

Novartis was invited to submit evidence to NICE for a single technology appraisal (TA) for acquired SAA in September 2015.[2]

The company did not make an evidence submission because it was unable to develop robust clinical- or cost-effectiveness analyses. The marketing authorisation for eltrombopag for treating severe aplastic anaemia was based on one small (n=43), non-comparative, single-centre study. The primary endpoint (response rate) was measured at 3 months, and the relationship between this and long-term outcomes is unclear. All of these factors severely limited the ability of the company to construct a robust case for clinical or cost effectiveness.[2]

NICE therefore terminated the TA.[2]

The Pan Mersey Area Prescribing Committee recommendation was made on the following grounds:

- There has been no new evidence since NICE terminated the appraisal.
- Other national bodies (Scottish Medicines Consortium[3] and All Wales Medicines Strategy Group[4] do not recommend prescribing.
- There is insufficient evidence of clinical benefit in the trial data to justify a local decision to recommend prescribing.
- The specific concerns regarding the lack of evidence were around the low response rate and the high number of responders who remained transfusion dependent.
- Overall, it was concluded that the clinical benefits did not outweigh the risks of treatment.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

APC board date: 23 Sep 2020
This recommendation has been designated suitable for inclusion on the Pan Mersey APC static list and will only be reviewed if significant new evidence becomes available.
APC administration provided by Midlands and Lancashire Commissioning Support Unit

Prescribing policy statement
Version: 2.0
STATIC

ELTROMBOPAG film-coated tablets (Revolade®) for Acquired Severe Aplastic Anaemia

Effectiveness

Thrombopoietin (TPO) is the main cytokine involved in regulation of platelet production and is the endogenous ligand for the TPO receptor (TPO-R). Eltrombopag interacts with the transmembrane domain of the human TPO-R and initiates signalling cascades similar but not identical to that of endogenous (TPO), inducing proliferation and differentiation from bone marrow progenitor cells.[1]

The marketing authorisation for eltrombopag for treating severe aplastic anaemia was based on one small (n=43), non-comparative, single-centre, open-label study. The primary endpoint was haematological response assessed after 12 weeks of eltrombopag treatment.[1,2] However, the relationship between this and long-term outcomes is unclear.

Safety

It is difficult to assess the clinical safety in Acquired SAA due to lack of data. The condition is rare.[5]

The British Society for Haematology 'Guidelines for the diagnosis and management of adult aplastic anaemia' (2015) state that eltrombopag is licensed and recommend meticulous long-term monitoring for clonal evolution or following a clinical research protocol.[5]

The most important serious adverse reactions reported for eltrombopag in SAA were febrile neutropenia and sepsis/infection. The most common adverse reactions (≥ 10%) included headache, dizziness, cough, oropharyngeal pain, nausea, diarrhoea, abdominal pain, increased transaminases, arthralgia, pain in extremity, fatigue and pyrexia.[1]

Eltrombopag can cause abnormal liver function and severe hepatotoxicity which might be life-threatening.[1]

It is not known whether eltrombopag increases the risk of cytogenic abnormalities in patients with SAA. Bone marrow examination with aspirations for cytogenetics is recommended prior to treatment, at 3 months, and every 6 months thereafter.[1] See SPC for full information.

Cost (dm+d browser / national tariff)

Eltrombopag: £20,000 - £60,000 per annum (PbR excluded high cost drug).

Transfusions (twice weekly): Day case attendance; £44,000 per annum,
Platelets & blood; £33,000 per annum (in tariff).

Patient factors

Acquired SAA is a rare condition. Patients remain under the direct care of a consultant haematologist.

Current treatment is regular blood transfusions and platelet transfusions in a day case or inpatient setting.

Treatment can be required several times a week.

Prescribing information

Eltrombopag is not recommended for prescribing for acquired SAA.

Patients should be offered best supportive care as detailed in the British Society for Standards in Haematology 'Guidelines for the diagnosis and management of adult aplastic anaemia'.[5]

References

1. Novartis Pharmaceuticals UK Ltd. Summary of Product Characteristics: Revolade 25mg film-coated tablets; 06 February 2019. Accessed 02 January 2020.
2. National Institute for Health and Care Excellence. Technology appraisal TA382: Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal); 27 January 2016. Accessed 02 January 2020.
3. Scottish Medicines Consortium. Eltrombopag olamine (Revolade®) 25 mg, 50 mg film-coated tablets (No: 1164/16); published 13 June 2016. Accessed 02 January 2020.
4. All Wales Medicines Strategy Group. Eltrombopag (Revolade®) film-coated tablet; issued 06 January 2016. Accessed 02 January 2020.
5. Killick S, Brown N, Cavenagh J et al. Guidelines for the diagnosis and management of adult aplastic anaemia. British Journal of Haematology, 2016; 172: 187-207. Accessed 02 January 2020.