NHS
Pan Mersey
Area Prescribing Committee

ROMIPLOSTIM SC injection (Nplate®) for chronic immune (idiopathic) thrombocytopenic purpura (ITP)

The Pan Mersey Area Prescribing Committee recommends the prescribing of ROMIPLOSTIM SC injection (Nplate®), by Haematologists only, for chronic immune (idiopathic) thrombocytopenic purpura (ITP) in accordance with NICE TA221.

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NHS England have issued an interim clinical commissioning policy which recommends that romiplostim and eltrombopag are to be considered first line treatments for ITP rather than conventional treatments (such as steroids and immunoglobulin) for the duration of the COVID-19 pandemic.[1]

NICE technology appraisal (TA221)[2] recommends ROMIPLOSTIM SC injection (Nplate®) as an option for treating chronic immune (idiopathic) thrombocytopenic purpura (ITP) in adults, only if:

- their condition is refractory to standard active treatments and rescue therapies or
- they have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies.

Romiplostim is recommended only if the company makes it available with the discount agreed in the patient access scheme.

These recommendations are not intended to affect treatment with romiplostim that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

NICE TA221 was first published on 27th April 2011.

NICE updated the recommendations on 26th October 2018 because the marketing authorisation for romiplostim now includes people who have not had a splenectomy. NICE agreed that the wording of the guidance should be amended without the need for a full review, and the guidance should be re-issued and transferred to the static list.

Overall, there is no new evidence likely to lead to change in the recommendations of the original guidance, but there is evidence to support extending the recommendations to include all people who have not had a splenectomy, and not just those for whom surgery is contraindicated, as per the previous wording. A review is not needed because the existing recommendation is based on evidence for both patients who had and had not had splenectomy, and any new evidence supports the efficacy of the drugs regardless of whether patients have had a splenectomy.

Costing information – NICE do not provide any resource impact information. NICE concluded that the extension to the marketing authorisation does not affect the committee's conclusions on clinical and cost-effectiveness.

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.

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References

1. NHS England. Interim Clinical Commissioning Policy: Thrombopoietin receptor agonists as first line therapy for new or relapsed immune thrombocytopenia in adults and children over the age of 1 year during the COVID-19 pandemic, updated 19 April 2021. Accessed online 29 April 2021.

2. National Institute for Health and Care Excellence. Romiplostim for treating chronic immune (idiopathic) thrombocytopenic purpura. NICE Technology Appraisal 221; 2018. Accessed 08 January 2019 at: https://www.nice.org.uk/guidance/ta221