

**COMPENDIA TRANSPARENCY TRACKING FORM**

**DATE:** September 2015  
**PACKET:** 1011  
**DRUG:** Romiplostim  
**INDICATION:** Chronic idiopathic thrombocytopenic purpura [pediatric]

COMPENDIA TRANSPARENCY REQUIREMENTS	
1	Provide criteria used to evaluate/prioritize the request (therapy)
2	Disclose evidentiary materials reviewed or considered
3	Provide names of individuals who have substantively participated in the review or disposition of the request and disclose their potential direct or indirect conflicts of interest
4	Provide meeting minutes and records of votes for disposition of the request (therapy)

**EVALUATION/PRIORITIZATION CRITERIA: A, C, P, R** \*to meet requirement 1

CODE	EVALUATION/PRIORITIZATION CRITERIA
<b>A</b>	Treatment represents an established standard of care or significant <b>advance</b> over current therapies
<b>C</b>	<b>Cancer</b> or cancer-related condition
<b>E</b>	Quantity and robustness of <b>evidence</b> for use support consideration
<b>L</b>	<b>Limited</b> alternative therapies exist for condition of interest
<b>P</b>	<b>Pediatric</b> condition
<b>R</b>	<b>Rare</b> disease
<b>S</b>	<b>Serious</b> , life-threatening condition

**Note: a combination of codes may be applied to fully reflect points of consideration [eg, therapy may represent an advance in the treatment of a life-threatening condition with limited treatment alternatives (ASL)]**

**EVIDENCE CONSIDERED:**

\*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
<p>Bussel,J.B., Buchanan,G.R., Nugent,D.J., et al: A randomized, double-blind study of romiplostim to determine its safety and efficacy in children with immune thrombocytopenia. Blood Jul 07, 2011; Vol 118, Issue 1; pp. 28-36.</p>	<p>This was a multicenter, randomized, double-blind, placebo-controlled trial. Overall, this study was at low risk for most of the key risk of bias criteria which included lack of blinding, incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with random sequence generation and allocation concealment was unclear and not discussed in the paper.</p>	<p>S</p>
<p>Blanchette,V., Buchanan,G., Bomgaars,L., et al: Effect of romiplostim on parental burden and Health-Related Quality of Life (HRQOL) in children with chronic immune thrombocytopenia (ITP). Pediatric Blood and Cancer Jun 2010; Vol 54, Issue 6; p. 808.</p>	<p>This was a multicenter, randomized, double-blind, placebo-controlled trial. Overall, this study was at low risk for most of the key risk of bias criteria which included lack of blinding, incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with random sequence generation and allocation concealment was unclear and not discussed in the paper.</p>	<p>4</p>
<p>Elalfy,M.S., Abdelmaksoud,A.A., and Eltonbary,K.Y.: Romiplostim in children with chronic refractory ITP: randomized placebo controlled study. Annals of hematology Nov 2011; Vol 90, Issue 11; pp. 1341-1344.</p>	<p>This was a randomized, single-blind, placebo-controlled trial. Overall, this study was at low risk for most of the key risk of bias criteria which included lack of blinding, incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with random sequence generation and allocation concealment was unclear and not discussed in the paper.</p>	<p>S</p>
<p>Scully,M., Hunt,B.J., Benjamin,S., et al: Guidelines on the diagnosis and management of thrombotic thrombocytopenic purpura and other thrombotic microangiopathies. Br J Haematol Aug 2012; Vol 158, Issue 3; pp. 323-335.</p>		<p>4</p>

<p>Neunert,C., Lim,W., Crowther,M., et al: The American Society of Hematology 2011 evidence-based practice guideline for immune thrombocytopenia. Blood Apr 21, 2011; Vol 117, Issue 16; pp. 4190-4207.</p>	<p>Different populations.</p>	<p>4</p>
<p>Cines,D.B., Gernsheimer,T., Wasser,J., et al: Integrated analysis of long-term safety in patients with chronic immune thrombocytopaenia (ITP) treated with the thrombopoietin (TPO) receptor agonist romiplostim. Int J Hematol Jul 23, 2015; Vol Epub, p. Epub.</p>		<p>1</p>
<p>Seidel,M.G., Urban,C., Sipurzynski,J., et al: High response rate but short-term effect of romiplostim in paediatric refractory chronic immune thrombocytopenia. British Journal of Haematology May 2014; Vol 165, Issue 3; pp. 419-421.</p>		<p>4</p>
<p>Kuter DJ, Mathias,SD, Rummel,M, et al: Health-related quality of life in nonsplenectomized immune thrombocytopenia patients receiving romiplostim or medical standard of care. American Journal of Hematology May 2012; Vol 87, Issue 5; pp. 558-561.</p>		<p>1</p>

**Literature evaluation codes: S = Literature selected; 1 = Literature rejected = Topic not suitable for scope of content; 2 = Literature rejected = Does not add clinically significant new information; 3 = Literature rejected = Methodology flawed/Methodology limited and unacceptable; 4 = Other (review article, letter, commentary, or editorial)**

**CONTRIBUTORS:**

\*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Catherine Sabatos, PharmD	None	Keith Thompson, MD	None
Stacy LaClaire, PharmD	None	Edward Balaban, DO	None
Felicia Gelsey, MS	None	James E. Liebmann, MD	None

**ASSIGNMENT OF RATINGS:**

\*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
<b>MICROMEDEX</b>	---	---		B
Keith Thompson, MD	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	None	N/A
Edward Balaban, DO	Evidence Favors Efficacy	Class IIa: Recommended, In Most Cases	Romiplostim appears just as effective in the pediatric population, but should be reserved for later use in refractory cases since it will remain unclear as to long term affects.	N/A

James E. Liebmann, MD	Evidence Favors Efficacy	Class IIb: Recommended, In Some Cases	<p>Not surprisingly, both small studies submitted for review showed that romiplostim effectively increased the platelet number in children with ITP in a fashion similar to what has been seen in adults. The only concerns about the use of the drug in children relate to safety. Both studies were conducted for a short period of time in children who had received a variety of previous treatments (in a few cases, no previous treatment). No information is available on long term side effects of the drug. In adults, bone marrow fibrosis has been seen in patients treated with romiplostim, and neither current trial was able to assess the risk of marrow fibrosis in pediatric patients. Hence, while romiplostim is efficacious as treatment of refractory ITP, its use should be limited to children who have not responded to previous established treatments. Additionally, the use of romiplostim should be limited in duration until more data become available regarding potential long term side effects of the drug.</p>	N/A
				N/A
				N/A