A study of the Implementation of Romiplostim & Eltrombopag in the NHS in England

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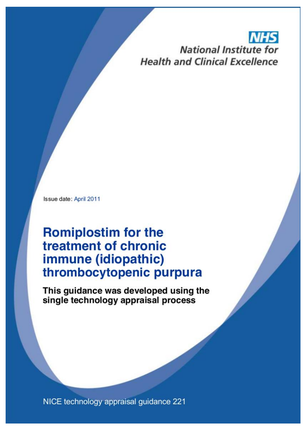
Introduction, Objectives & Methods

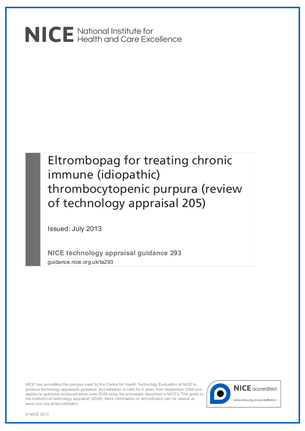
Whilst the NHS has been mandated to "fund & resource" NICE approved technologies since January 2005, there have been few studies of the implementation process. We used mixed methods to investigate the introduction of Romiplostim and Eltrombopag for the treatment of Chronic Immune Thrombocytopenia Purpura in the NHS in England.

We undertook electronic surveys over a 4 week period during September/October 2014 and secured responses from 42 Haematologists and 39 CCG Managers (response rates 15% & 19%). We also analysed information held on the UK ITP Registry and published in the HSCIC reports "NICE Technology Appraisals in the NHS in England, Innovation Scorecard - to March 2014" & "Hospital Prescribing 2013-14".

Romiplostim (NPATE©) was licensed by the EMA in February 2009 and approved by NICE in April 2011.

Eltrombopag ((PROMACTA© (US), REVOLADE© (EU)) was licensed by the EMA in April 2010 and approved by NICE in July 2013 (having initially been refused in 0ctober 2011).





Results – Overall Uptake

Prescriptions of Romiplostim and Eltrombopag appear to have been much higher than predicted by NICE (even when weaknesses in the evidence supporting the original costing assumptions and the possible inclusion of prescribing costs for other indications, are taken into account).

Projected NHS Cost £5M[1] Actual NHS Cost £15M[2]

These figures relate to list prices. True costs remain unclear due to confidential NHS discounts agreed with the manufacturers through Patient Access Schemes.

Some prescribing is taking place in primary care, particularly for the oral drug Eltrombopag, raising questions about consistency with the NICE guidance, which required prescription by "specialists".

Estimated cost (£'000) of Prescriptions 2013/14 [2]

	Primary Care	FP10	Hospital	Total
Romiplostim	0.0	19.8	12351.4	12371.2
Eltrombopag	4.9	56.6	2531.3	2592.9

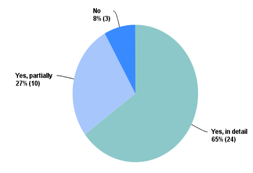
Results – Implementation Process

Most Haematologists stated that they prescribed the drugs "in line with NICE guidance" (90% Romiplostim, 78% Eltrombopag). Only 33% stated that they were keeping comprehensive patient records on the UK ITP Registry.

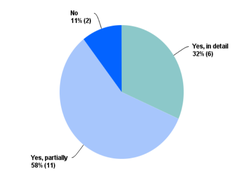
Do you use the ITP Registry?	No.	%
Yes, my patients are fairly comprehensively included on the Register	12	33.3
Yes, but my patient data is not complete/contemporary	6	16.7
No, I was not aware of it	5	13.9
No, I am aware of it and would like to add patients but would require additional resources/training	13	36.1
No, I am aware of it and do not wish to include my patients	0	0
Total	36	100

The questionnaires asked about issues encountered during NHS implementation. Haematologists reported a range of issues that had arisen with the first drug Romiplostim, which required NHS infrastructure to support its subcutaneous administration. CCG managers reported little awareness of these issues.

92% of Haematologists and 89% of Managers stated that they had read the relevant NICE TA guidance, with Haematologists being more likely to have read it in detail.



Haematologists



CCG Managers

Data from the UK ITP Registry supported the results of the survey in revealing a picture of incomplete Registry coverage. Only 1,431 patient records were held on the Registry at the time of the study and 50% of registrations came from just 10 hospitals. The Registry contained details of 159 patients who had received the study drugs of which only 42 had undergone splenectomy, as required by the NICE guidance.

Conclusions

The study provides indirect evidence that NHS uptake of Romiplostim and Eltrombopag has gone beyond the target populations directed by NICE.

The underlying reasons for this may be unworkable features of the original NICE guidance and the lack of robust NHS systems of management and control of implementation.

The introduction of new systems of drug evaluation such as Adaptive Assessment may offer improvements to the introduction of similar drugs in the future.

References

1.NICE (2011) TA 221 Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura. Costing Template & Report [Internet] London. National Institute of Health & Care Excellence Available from: < http://www.nice.org.uk/resource/ta221/html/p/ta221-thrombocytopenic-purpura-romiplostim-costing-template?id=43356mq3pjhrhxncwqdykxuzqe > [Accessed 18 March 2015]

2. HSCIC (2014) Hospital Prescribing England 2013 -14 [Internet] London. Government Statistical Service. Available from: < http://www.hscic.gov.uk/catalogue/PUB15883/hosp-pres-eng-201314-rep.pdf> [Accessed 18 March 2015

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