

## Efmoroctocog alfa for hemophilia A: Added benefit not proven

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Efmoroctocog alfa (trade name: Elocta) has been approved since November 2015 for people with type A haemophilia. This is an inherited disorder that impairs blood clotting. The German Institute for Quality and Efficiency in Health Care (IQWiG) examined in a dossier assessment whether this new drug offers an added benefit over the appropriate comparator therapy both in prevention and in on-demand treatment. Such an added benefit cannot be derived from the dossier, however, because it contained no study data adequate for the research question.

## Historical comparison: study pool incomplete

According to the Federal Joint Committee (G-BA), the new drug was to be compared with a recombinant or human plasma-derived coagulation factor VIII drug as appropriate comparator therapy. The <u>drug</u> manufacturer presented no data for such a direct <u>comparison</u>, however.

Instead, the dossier contained an unadjusted historical comparison on prophylactic treatment only. Data from a study on efmoroctocog alfa were compared with data from seven studies on the comparator therapy. A simplified search conducted by IQWiG showed that the study pool was incomplete. This was caused by an erroneous and incomplete search by the manufacturer for studies on the comparator therapy; no search at all was conducted in trial registries.



## Information inadequate for benefit assessment

In addition, the data were inadequate. On the one hand, the manufacturer did not implement its own research question for the appropriate comparator therapy: It narrowed the inclusion criteria regarding the study population and the comparator therapy in such a way that patients under twelve years of age and studies on human plasma preparations were not included, for example. On the other, it only considered two outcomes: the number of annual bleeding events and the use of factor VIII preparations. However, all available results on patient-relevant outcomes from the four categories "mortality", "morbidity", "health-related quality of life" and "adverse events" are to be considered in a benefit assessment.

Hence an added benefit of efmoroctocog alfa in comparison with the appropriate <u>comparator therapy</u> is not proven.

**More information:** <u>www.iqwig.de/download/A15-54\_Efmoroctocog</u> %20alfa\_Kurzfassung\_Nutzenbewertung-35a-SGB-V.pdf

## Provided by Institute for Quality and Efficiency in Health Care

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