C.1 Cryoprecipitate, pathogen-reduced cryoprecipitate, plasma-derived clotting factor concentrates – EML and EMLc

Chttps://list.essentialmeds.org/	Reviewer summary	☐ Supportive of the proposal					
This submission seeks to update the EML and EMLc to conform to widely practiced treatment standards for people with hemophilia A, hemophilia B, and VWD. I support to: 1. Remove cryoprecipitate (Cryo) from the EML for all listed indications. Cryo has not been subjected to a pathogen reduction process, which introduces safety risks. Considering the availability of safer and more efficacious factor VIII (FVIII) concentrates, we suggest its removal. 2. Limit the use of pathogen-reduced cryoprecipitate (PR Cryo) to evidence-based indications and only for the treatment of severe bleeding including in patients with hemophilia A if FVIII concentrates are not available for these chronic bleeding disorders. 3. Transfer the listings of plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia B and VWD and the plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia B and VWD and the plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia B and B for 30 years, which cannot be accomplished with Cryo or PR Cryo. 4. Remove FIX complex as a therapeutic alternative to FIX concentrates for the treatment of hemophilia B, given the risk of thrombosis associated with this alternative therapy and the increased cost-effectiveness of FIX concentrates. Does the EML and/or EML currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives? (https://list.essentialmeds.org/.) Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitori		☐ Not supportive of the proposal					
standards for people with hemophilia A, hemophilia B, and VWD.		Justification (based on considerations of the dimensions described below):					
1. Remove cryoprecipitate (Cryo) from the EML for all listed indications. Cryo has not been subjected to a pathogen reduction process, which introduces safety risks. Considering the availability of safer and more efficacious factor VIII (FVIII) concentrates, we suggest its removal. 2. Limit the use of pathogen-reduced cryoprecipitate (PR Cryo) to evidence-based indications and only for the treatment of severe bleeding including in patients with hemophilia A if FVIII concentrates are not available for these chronic bleeding disorders. 3. Transfer the listings of plasma-derived FVIII concentrates for the treatment of hemophilia A and VWD and the plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia A and VWD and the plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia B and From the Complimentary List to the Core List, given the superior efficacy, safety, and cost-reflectiveness of these products. Prophylaxis has been the standard of care to minimize bleeding sequelae for both hemophilia B a flor 30 years, which cannot be accomplished with Cryo or PR Cryo. 4. Remove FIX complex as a therapeutic alternative to FIX concentrates for the treatment of hemophilia B, given the risk of thrombosis associated with this alternative therapy and the increased cost-effectiveness of FIX concentrates. Does the EML and/or EML currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives? (https://list.essentialmeds.org/) Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e							
to a pathogen reduction process, which introduces safety risks. Considering the availability of safer and more efficacious factor VIII (FVIII) concentrates, we suggest its removal. 2. Limit the use of pathogen-reduced cryoprecipitate (PR Cryo) to evidence-based indications and only for the treatment of severe bleeding including in patients with hemophilia A if FVIII concentrates are not available for these chronic bleeding disorders. 3. Transfer the listings of plasma-derived FVIII concentrates for the treatment of hemophilia A and VWD and the plasma-derived FVIII concentrates for the treatment of hemophilia B from the Complimentary List to the Core List, given the superior efficacy, safety, and cost-effectiveness of these products. Prophylaxis has been the standard of care to minimize bleeding sequelae for both hemophilia A and B for 30 years, which cannot be accomplished with Cryo or PR Cryo. 4. Remove FIX complex as a therapeutic alternative to FIX concentrates for the treatment of hemophilia B, given the risk of thrombosis associated with this alternative therapy and the increased cost-effectiveness of FIX concentrates. Does the EML and/or EMLc currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives? (https://list.essentialmeds.org/) Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Does adequate evidence exist for the safety/harms associated with the proposed medicine? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there		I support to:					
for the treatment of severe bleeding including in patients with hemophilia A if FVIII concentrates are not available for these chronic bleeding disorders. 3. Transfer the listings of plasma-derived FVIII concentrates for the treatment of hemophilia A and VWD and the plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia B from the Complimentary List to the Core List, given the superior efficacy, safety, and cost-effectiveness of these products. Prophylaxis has been the standard of care to minimize bleeding sequelae for both hemophilia B, given the risk of thrombosis associated with this alternative therapy and the increased cost-effectiveness of FIX concentrates. Does the EML and/or EML currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives? (https://list.essentialmeds.org/) Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Does adequate evidence exist for the safety/harms associated with the proposed medicine? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in Ves No No Not applicable		to a pathogen reduction process, which introduces safety risks. Considering the availability of safer					
VWD and the plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia B from the Complimentary List to the Core List, given the superior efficacy, safety, and cost-effectiveness of these products. Prophylaxis has been the standard of care to minimize bleeding sequelae for both hemophilia A and B for 30 years, which cannot be accomplished with Cryo or PR Cryo. 4. Remove FIX complex as a therapeutic alternative to FIX concentrates for the treatment of hemophilia B, given the risk of thrombosis associated with this alternative therapy and the increased cost-effectiveness of FIX concentrates. Does the EML and/or EMLc currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives? (https://list.essentialmeds.org/) Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Does adequate evidence exist for the safety/harms associated with the proposed medicine? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in □ Yes □ No □ Not applicable		for the treatment of severe bleeding including in patients with hemophilia A if FVIII concentrates are					
hemophilia B, given the risk of thrombosis associated with this alternative therapy and the increased cost-effectiveness of FIX concentrates. Does the EML and/or EMLc currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives? (https://list.essentialmeds.org/) Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Does adequate evidence exist for the safety/harms associated with the proposed medicine? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in Yes No Not applicable		VWD and the plasma-derived Factor IX (FIX) concentrates for the treatment of hemophilia B from the Complimentary List to the Core List, given the superior efficacy, safety, and cost-effectiveness of these products. Prophylaxis has been the standard of care to minimize bleeding sequelae for both					
Chttps://list.essentialmeds.org/		hemophilia B, given the risk of thrombosis associated with this					
Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Does adequate evidence exist for the safety/harms associated with the proposed medicine? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in	Does the EML and/or EMLc currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives?		⊠ Yes	□ No	☐ Not applicable		
(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Does adequate evidence exist for the safety/harms associated with the proposed medicine?	(https://list.essentialmeds.org/)						
This may be evidence included in the application, and/or additional evidence identified during the review process;) Does adequate evidence exist for the safety/harms associated with the proposed medicine? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in Yes No Not applicable	Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication?		⊠ Yes	□ No	☐ Not applicable		
(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? ☑ Yes ☐ No ☐ Not applicable Are there any special requirements for the safe, effective and appropriate use of the medicines? ☑ Yes ☐ No ☐ Not applicable (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) ☑ Yes ☐ No ☐ Not applicable	(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;)						
This may be evidence included in the application, and/or additional evidence identified during the review process;) Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in	Does adequate evidence exist for the safety/harms associated with the proposed medicine?		⊠ Yes	□ No	☐ Not applicable		
benefits to harms? Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in ✓ Yes ✓ No ✓ Not applicable	(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;)						
medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in ☑ Yes □ No □ Not applicable	Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms?		⊠ Yes	□ No	☐ Not applicable		
providers, etc) Are there any issues regarding price, cost-effectiveness and budget implications in ☐ Yes ☐ No ☐ Not applicable	Are there any special requirements for the safe, effective and appropriate use of the medicines?		⊠ Yes	□ No	☐ Not applicable		
	(e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)						
	Are there any issues regarding price, cost-effectiveness and budget implications in different settings?		⊠ Yes	□ No	☐ Not applicable		

25th WHO Expert Committee on Selection and Use of Essential Medicines Expert review

Is the medicine available and accessible across countries?	⊠ Yes	□ No	☐ Not applicable	
(e.g. shortages, generics and biosimilars, pooled procurement programmes, access programmes)				
Does the medicine have wide regulatory approval?		☑ Yes, for the proposed indication		
	(off-labe	l for propo	other indications osed indication)	
	□ No	□ Not ap	рисавіе	