

Item Number: 13

Name of Presenter: Dr Shaun O'Connell

Meeting of the Governing Body

4 June 2015



Vale of York

Clinical Commissioning Group

NICE Technology Appraisal

**Purpose of Report
For Decision**

1. Rationale

NICE TA 335 Rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome (ACS) was recommended by the Medicines Commissioning Committee (MCC) for use. Potential spend exceeds £500,000 per annum and therefore requires approval from the Governing Body.

2. Strategic Initiative

- | | |
|---|--|
| <input checked="" type="checkbox"/> Integration of care | <input checked="" type="checkbox"/> Planned care |
| <input type="checkbox"/> Person centred care | <input type="checkbox"/> Transforming MH and LD services |
| <input type="checkbox"/> Primary care reform | <input checked="" type="checkbox"/> Children and maternity |
| <input type="checkbox"/> Urgent care reform | <input checked="" type="checkbox"/> Cancer, palliative care and end of life care |
| | <input type="checkbox"/> System resilience |

3. Actions / Recommendations

The Governing Body is asked to approve the use in accordance with NICE TA335.

4. Engagement with groups or committees

MCC have recommended use in accordance with NICE TA 335

5. Significant issues for consideration

NICE TAs should be available on the NHS within 3 months of the guidance being issued. NICE TA 335 was issued in March 2015.

Acquisition costs are £766.50 per patient (for 12 months treatment)

MCC recommend as 'Amber' – specialist initiation as per product licence

NICE documentation refers to estimated occurrence of ACS as 1-2 per day, this would equate to cost estimated at £279,590 - £559,180. However, the Contract Management Board (CMB) had been asked to verify the occurrence of actual ACS in the Trust and therefore a more accurate cost implication will be provided. This will be discussed at the CMB meeting on 26 May 2015 and a verbal update will be provided to the Governing Body.

Additionally, a lead Consultant Cardiologist at York Teaching Hospital NHS Foundation Trust has advised that rivaroxaban is only likely to be used in specific ACS patients and not all ACS patients. Therefore the use is estimated to be less than 1 per day.

Rivaroxaban is recommended as an option within its marketing authorisation, in combination with aspirin plus clopidogrel or aspirin alone, for preventing atherothrombotic events in people who have had an acute coronary syndrome with elevated cardiac biomarkers.

Alternative options are currently available, e.g. ticagrelor (NICE TA 236) and therefore not all ACS patients will be using rivaroxaban.

6. Implementation

Primary and secondary care are routinely informed

7. Monitoring

None

8. Responsible Chief Officer and Title

Dr Shaun O'Connell
GP Lead for Prescribing and Planned Care

9. Report Author and Title

Laura Angus
Lead Pharmacist

10. Annexes

NICE TA 335 is available at: guidance.nice.org.uk/ta335 or on request.