

Comments on the ACD Received from the Public through the NICE Website

Name	
Role	other
Other role	Medical Director, Voluntary sector
Location	England
Conflict	no
Notes	no
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	There is nothing here with which I would disagree.
Section 2 (Clinical need and practice)	There is nothing here with which I would disagree.
Section 3 (The technologies)	There is nothing here with which I would disagree.
Section 4 (Evidence and interpretation)	There is nothing here with which I would disagree.
Section 5 (Implementation)	There is nothing here with which I would disagree.
Section 6 (Proposed recommendations for further research)	There is nothing here with which I would disagree.
Section 7 (Related NICE guidance)	No comment
Section 8 (Proposed date for review of guidance)	There is nothing here with which I would disagree.
Date	22/02/2011 12:59

Name	
Role	NHS Professional
Other role	
Location	England
Conflict	no
Notes	
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	I agree with the guidance issued by NICE as they have recommended the agent with the best evidence base. The other agents not recommended not only have a weaker evidence base but are more costly to the NHS and should not be used in the NHS.
Section 2 (Clinical need and practice)	
Section 3 (The technologies)	
Section 4 (Evidence and interpretation)	

Section 5 (Implementation)	
Section 6 (Proposed recommendations for further research)	
Section 7 (Related NICE guidance)	
Section 8 (Proposed date for review of guidance)	
Date	14/02/2011 12:58:00

Name	██████████
Role	NHS Professional
Other role	
Location	England
Conflict	no
Notes	
Comments on individual sections of the ACD:	
Section 1 (Appraisal Committee's preliminary recommendations)	
Section 2 (Clinical need and practice)	
Section 3 (The technologies)	<p>Annual per patient costs for naftidrofuryl would be up to Â£117.48 for the generic preparation and Â£214.68 for the branded preparation. NICE made these estimations based on acquisition drug costs alone using British National Formulary 60 costs (excluding VAT). The best estimate for an average PCT of 300,000 people is a prevalence of 5,766 (62% of 300,000 population x 3.1% prevalence) patients with symptomatic peripheral arterial disease who may be eligible. A preliminary assessment suggests that if the lowest dose generic preparation was used the maximum cost would therefore be in the region of Â£339,041 per year for a population of 300,000. The potential budget impact for a PCT would depend on the numbers of patients currently receiving vasoactive drugs for peripheral arterial disease, and the preparations currently prescribed. Vasoactive drugs provide symptomatic benefit only and have no effect upon disease progression or survival</p>
Section 4 (Evidence and interpretation)	<p>Only naftidrofuryl oxalate is considered a cost effective use of NHS resources for this indication. The Appraisal Committee concluded that though the Assessment Group's economic model included only one trial of naftidrofuryl, the ICER of the generic preparation at Â£6070 per QALY clearly dominated the ICERs for cilostazol and pentoxifylline, which were Â£50,740 and Â£54,800, respectively, and exceeded the threshold considered an acceptable use of NHS resources and any uncertainty regarding the ICER could be tolerated. The ICER for the branded preparation of naftidrofuryl is Â£11,060 per QALY and the committee advised that clinicians start with the</p>

	<p>least costly preparation. Inositol could not be included in the economic model, as the only trial included in the review did not show benefit for inositol relative to placebo and it was therefore inferred that inositol could not be cost effective in terms of the currently accepted threshold.</p>
<p>Section 5 (Implementation)</p>	<p>we would expect realistic local acquisition costs to be incorporated into the HE analysis and the costing statement.</p> <p>Naftidrofuryl oxalate costs Â£8.10 for a pack of 84 capsules (excluding VAT BNF edition 60) a generic preparation is also available costing Â£5.30. The recommended dose is one to two 100mg capsules, three times daily. NICE estimates monthly costs of Â£8.80 to Â£17.89 for the branded preparation and Â£4.90 to Â£9.79 for the generic preparation.</p> <p>Other drugs: Cilostazol costs Â£35.31 per pack of 56x100mg tablets at the recommended dose of 100mg twice daily the average monthly cost is Â£38.26. Pentoxifylline costs Â£19.68 per pack of 90x400mg tablets the recommended dose is one tablet three times daily costing Â£19.90 per month (summary of product characteristics states that two tablets daily may prove sufficient in some patients). Inositol nicotinate costs Â£30.76 for a 100-tablet pack of 500mg tablets, or Â£51.03 for a 112-tablet pack of 750mg tablets at a dose of 3g daily (two 500 mg tablets three times a day) the average monthly cost is Â£56.14 (though 4g may be needed in some patients). (All costs excluding VAT BNF edition 60).</p>
<p>Section 6 (Proposed recommendations for further research)</p>	<p>The Assessment Group considered the trials to be of good quality, with comparable treatment groups between trials, maintenance of blinding and intention-to-treat analyses. However, the trials were almost all placebo-controlled with direct comparisons identified between only cilostazol and pentoxifylline. The Committee considered that the results of the network meta-analysis should be regarded with caution due to the wide credibility intervals indicating a high degree of uncertainty, heterogeneity between trials, the lack of differentiation between people who had and had not received supportive care and exercise therapy, and the inclusion of only one of five trials of naftidrofuryl. However, the Committee agreed that the relative benefits in terms of improvement in maximum walking were plausible given the empirical data. The other trials of naftidrofuryl were excluded on the grounds that they had not included comparable data on the outcome selected maximum walking distance. Trials of inositol nicotinate were also excluded from the meta-analysis for similar reasons.</p>
<p>Section 7 (Related NICE guidance)</p>	
<p>Section 8 (Proposed date for review of guidance)</p>	
<p>Date</p>	11/02/2011 21:40