NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Ticagrelor for the treatment of acute coronary syndrome

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Primary Care Trusts (PCTs) provide a unique perspective on the technology, which is not typically available from the published literature. NICE believes it is important to involve NHS organisations that are responsible for commissioning and delivering care in the NHS in the process of making decisions about how technologies should be used in the NHS.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Short, focused answers, giving a PCT perspective on the issues you think the committee needs to consider, are what we need.

About you

Your name: [redacted]

Name of your organisation

Please indicate your position in the organisation:

- commissioning services for the PCT in general?
- commissioning services for the PCT specific to the condition for which NICE is considering this technology?
- responsible for quality of service delivery in the PCT (e.g. medical director, public health director, director of nursing)?
- a specialist in the treatment of people with the condition for which NICE is considering this technology?
- a specialist in the clinical evidence base that is to support the technology (e.g. participation in clinical trials for the technology)?
- other (please specify)

NICE Implementation – commissioning & monitoring of NICE recommendations from provider organisations

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What is the expected place of the technology in current practice?

How is the condition currently treated in the NHS? Is there significant geographical variation in current practice? Are there differences in opinion between professionals as to what current practice should be? What are the current alternatives (if any) to the technology, and what are their respective advantages and disadvantages?

Current treatment has been covered by previous NICE appraisals. Clopidogrel and prasugrel are currently in use.

To what extent and in which population(s) is the technology being used in your local health economy?

- is there variation in how it is being used in your local health economy?
- is it always used within its licensed indications? If not, under what circumstances does this occur?
- what is the impact of the current use of the technology on resources?
- what is the outcome of any evaluations or audits of the use of the technology?
- what is your opinion on the appropriate use of the technology?

Ticagrelor is not currently used within Oxfordshire

Potential impact on the NHS if NICE recommends the technology

What impact would the guidance have on the delivery of care for patients with this condition?

We would not expect a significant change to the way in which care is *delivered* since this drug would be used in the place of an existing regime. However, clopidogrel is now available as a generic drug and its cost has reduced, thus the opportunity costs of introducing a more expensive drug could be considerable. The important questions for the PCT would be;

- **how well did the PLATO trial population reflect the population in UK practice, so would the same benefits be found,**
- **how important are the harms and what costs would be incurred due to the increase in non-CABG-related bleeds, especially costs related to increased rates of inter cranial bleeding**

In what setting should/could the technology be used – for example, primary or secondary care, specialist clinics? Would there be any requirements for additional resources (for example, staff, support services, facilities or equipment)?

We anticipate that this would be a secondary care initiated drug with continuation in primary care for no longer than a year.

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Can you estimate the likely budget impact? If this is not possible, please comment on what factors should be considered (for example, costs, and epidemiological and clinical assumptions).

We cannot estimate the budgetary impact because we do not know the cost of the drug compared with clopidogrel and prasugrel. Other factors should be in line with previous assessments for these drugs.

Would implementing this technology have resource implications for other services (for example, the trade-off between using funds to buy more diabetes nurses versus more insulin pumps, or the loss of funds to other programmes)?

We are not aware that this would have other resource implications unless genetic testing for CYP2C19 and ABC1B variations before treating with clopidogrel were to become the norm (ticagrelor is not affected by variation in these genes).

Would there be any need for education and training of NHS staff?

We are not aware of any.

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

We understand that PLATO excluded patients who would be unlikely to comply fully with treatment. The anti-platelet action of ticagrelor compared with clopidogrel takes effect more swiftly but also attenuates more quickly (ONSET/OFFSET study) and patients who miss more than a couple of doses may be at risk. This issue should be included within the study.
Long term (beyond 1 year) efficacy and safety data, if available, should be included.