NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism

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:

Name of your organisation Northumberland Care Trust

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) – Medicines Management Adviser - Commissioning

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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?

Most patients in the North of Tyne (Newcastle, North Tyneside and Northumberland PCOs) are treated with tinzaparin and warfarin. Patients unsuitable for warfarin treatment would usually receive tinzaparin.

Warfarin requires frequent monitoring and dose adjustment, rivaroxaban does not. It may be of concern that while the effects of warfarin can be reversed those of rivaroxaban cannot.

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?

Rivaroxaban is not currently being used for this indication. It is being used for prophylaxis of VTE in joint replacement.

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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?

Patients would not have to have frequent visits to monitoring clinics (hospital, pharmacies, or GP practices) for INR monitoring and dose adjustment of warfarin. Patients would not need to have injections of LMWH.

However, it is unclear how this current level of intervention and contact with healthcare professionals influences patient concordance with warfarin. If frequent monitoring of warfarin increases compliance this may be lost with the use of rivaroxaban with infrequent contact with healthcare professionals.

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)?

Rivaroxaban would be used in both primary and secondary care. There would be no requirement for additional resources.

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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 estimate the costs of 3 months treatment with rivaroxaban to be £833.49 (although the price for the 20mg tablets is not yet available). In the NE SHA the estimated cost of 3 months of enoxaparin and warfarin (including monitoring) are £128.16.

For longterm treatment the estimated cost of rivaroxaban is £3,220/year. In the NE SHA it has been estimated that, on average, costs for treating a patient with warfarin, including monitoring is £200/year.

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)?

Widespread use of this agent for this condition, other conditions and the use of dabigatran will undoubtedly cost significantly more than conventional therapy with warfarin (despite the associated INR monitoring costs). If the use of rivaroxaban and other, similar therapies, become widespread the per capita cost of warfarin monitoring may change as it is likely that current costs can only remain at this level with a minimum number of patients using the service.
Improved patient acceptability needs to be offset against the increased costs of this drug which will undoubtedly affect the ability of PCTs to invest in other areas of health care.

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

Equality

Are there any issues that require special attention in light of the NICE's duties to have due regard to the need to eliminate unlawful discrimination and promote equality and foster good relations between people with a characteristic protected by the equalities legislation and others?

None that I am aware of.

Other Issues

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

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None