East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, Crawley CCG, Horsham & Mid-Sussex CCG

Briefing Paper for Surrey & North West Sussex Area Prescribing Committee (APC) on NICE Technology Appraisals: Local implementation

NICE TA Guidance	Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure Technology Appraisal guidance TA626		
Available at	https://www.nice.org.uk/guidance/ta626		
Date of issue	24 June 2020	**Implementation deadline**	3 months from publication 16th September 2020

Medicine details	
Name, brand name	Avatrombopag (Doptelet) Please note: Lusutrombopag was considered for implementation for the same indication in March 2020 NICE states The scope for this multiple technology appraisal included both avatrombopag and lusutrombopag. However, because of a delay in getting an agreed list price for avatrombopag, this topic was split into 2 separate appraisals.
Manufacturer	Sobi
Licensed indication	Doptelet is indicated for the treatment of severe thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo an invasive procedure.
Formulation	Doptelet 20mg film-coated tablet (SPC accessed 14/08/2020)
Usual dosage	Daily dose recommendation for Avatrombopag **Platelet count (x109/L)** / **Once-daily dose** / **Duration of dosing** Less than 40 / 60mg (Three 20mg tablets) / 5 days 40 to 50 / 40mg (Two 20mg tablets) / 5 days Due to limited information, avatrombopag should not be taken for more than 5 days. (SPC accessed 14/08/2020).
NICE recommended dosage/schedule	As per the SPC at the time of publication (see above).

Disease and potential patient group	
Brief description of disease	People with chronic liver disease often have low blood platelet levels. This means that they are more likely to bleed during invasive medical procedures, including surgery. Currently, they have a platelet transfusion before invasive procedures to help reduce their chances of bleeding.
Potential patient	In the UK about 3,000 to 4,000 of the population have ITP at any

numbers per 100,000	one time. -Guy's and St Thomas' ITP Leaflet 2019. **NICE guidance Resource impact statement**- We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations will be less than £5 million per year in England (or £9,000 per 100,000 population).

SUMMARY

NICE recommendation

Avatrombopag is recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having a planned invasive procedure.

Why the committee made these recommendations

People with chronic liver disease may have low platelet levels. This means that they are more likely to bleed during invasive medical procedures, including surgery. Currently, they have a platelet transfusion before invasive procedures to reduce their chances of bleeding.

Avatrombopag and lusutrombopag are oral therapies that raise platelet levels to reduce the need for a platelet transfusion. Platelet transfusions rely on donors and are given intravenously, so replacing them with a treatment given by mouth is an improvement. The drugs have several other benefits, including:

- fewer transfusions and a lower risk of transfusion-related complications
- fewer stays in hospital.

In addition, platelets can be stored only for a short time. This may delay people getting platelets in time for their procedure. However, avatrombopag and lusutrombopag need to be taken more than a week before a procedure, so cannot be used for emergency procedures.

The economic modelling does not fully account for the benefits for patients and service delivery when using avatrombopag and lusutrombopag. **It is possible that using avatrombopag would likely save the NHS money. So, avatrombopag can be recommended for treating thrombocytopenia in people with chronic liver disease who need planned invasive procedures.**

Cost implications*

Cost of product:
NICE TA states:
The company has stated that the price of avatrombopag is £640.00 or £960.00 per 5-day treatment course for the 40,000 to below 50,000 and below 40,000 platelets per microlitre of blood groups respectively.

Medicines management comment:
Cost of treatment for 5 day course for platelet count 40,000-50,000 platelets per microlitre of blood - £640.00
Cost of treatment for 5 day course for platelet count below 40,000 per microlitre of blood - £960.00

Avatrombopag is excluded from the National Tariff.

Annual cost per patient:
This would depend on how many elective procedures are required by the patient per annum.

Has dose escalation been considered as part of the NICE costing template?
Dose escalation is not included in the NICE TA or in marketing authorisation at time of publication of NICE TA (June 2020)

Costing information/100,000 population and per CCG:
We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations will be less than £5 million per year in England (or £9,000 per 100,000 population).
-**NICE guidance Resource impact statement.**
https://www.nice.org.uk/guidance/ta626/resources/resource-impact-statement-8776002637

Availability of PAS and details (if appropriate):
None described in NICE TA.

Availability of homecare service (if appropriate):
Possibility of homecare service, but likelihood that providers are unlikely to set one up for this relatively rarely used drug. Providers could use FP10 (HP) forms as and when necessary or third party pharmacy services, if VAT is an issue.
**NICE funding requirements are based on Quality Adjusted Life Years (QALY) threshold. If there is evidence that the incremental cost rises above this threshold in the future, the APC may reconsider the commissioning status.*

Alternative treatments and cost per patient (per year / per month as appropriate)

Other NICE recommended products:
Lustrombopag- (NICE TA 617 – published in January 2020))
Cost per 7- day treatment course is £800. Costs may vary in different settings because of negotiated procurement discounts.

Options not reviewed by NICE but used in standard practice:
Standard practice currently is to provide platelet transfusion prophylactically. Platelet transfusion is associated with potential transmission of infectious agents, transfusion reactions and death. Patients may become refractory to transfusions.

Impact to patients

- People with chronic liver disease and a count of 50,000 platelets per microliter of blood or below would be eligible for Avatrombopag.
- Avatrombopag is an oral treatment reducing inconvenience/distress for the patient rather than having a platelet transfusion before surgery, reducing hospital stays.
- Having an oral therapy option reduces the risks associated with transfusions.
- NHS is offering an oral treatment for people with poor venous access.
- For some people, using blood products, including platelets is against their religious beliefs and the chance of developing antiplatelet antibodies is higher if a person having platelets is of a different ethnic origin to the donor. Using Avatrombopag will help to minimise these issues.
- Avatrombopag reduces the number of platelet transfusions required for the patient, but avatrombopag will not completely eliminate the chance of a patient requiring platelet transfusion.

Impact to primary care prescribers

- It is not anticipated that primary care prescribers will be asked to prescribe this drug, as it should be prescribed as part of a pre-operative package of an elective procedure. However, secondary care clinicians might ask primary care to participate/coordinate testing platelet levels prior to the planned procedure.
- The APC approved lustrombopag as a RED drug requiring a tick box form notification for each patient. As avatrombopag is a PbRe drug and is licensed for the same indication the APC are likely to implement the same guidance.
- Primary care prescribers should ensure that patient medication records include any

medicine for which prescribing remains the responsibility of secondary or tertiary care. This will ensure that GP records, which are accessed by other healthcare
- providers, are a true and accurate reflection of the patient's medication

Impact to secondary care

- Increasing the 'treatment window' and available scheduling
- Avatrombopag - Avatrombopag has a longer treatment window of 10-13 days in which to do planned invasive procedures than do platelet transfusions. Currently, 50% of patients go into hospital to have a transfusion the evening before their planned procedure and, when possible, the transfusion is given on the day of the procedure. If the 'treatment window' (that is, the time when platelet levels are raised) is missed, a patient would have another platelet transfusion before having the procedure.
- In line with the recommendations for lusutrombopag, there should be a discussion with a haematologists prior to initiation. This requirement will be added to the tick box form completed.
- Avoiding the costs of admitting patients to hospital the night before a procedure to have a platelet transfusion.
- It reduces the waste of platelet transfusions if the procedure is delayed. It may also help increase the time in which procedures can be scheduled and reduce hospital stays.
- Reducing dependence on platelets would minimise problems associated with obtaining and transfusing platelets.
- Lowering the risk of developing antiplatelet antibodies and the need for matched Platelets.
- Reduces demand on the transfusion services (limited access to platelets).
- Cost saving from having to provide fewer transfusions (NHS cost to administer a single unit of platelets is ~£250).
- Making donated platelets more readily available for emergency procedures.
- Offering an oral treatment for people with poor venous access.

Impact to CCGs

- Costs of platelet transfusions and delayed surgery could offset Avatrombopag drug costs.
- Financial impact if £9,000 per 100,000 populations as states above.
- Section 7(6) of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires clinical commissioning groups comply with the recommendations in NICE TA626 within 3 months of its date of publication.

Implementation

- Providers will need to follow internal governance processes to ensure avatrombopag is added to their formularies. This might involve the development of a patient pathway or protocol to be followed when a patient is identified.
- Providers will need to endure the procurement processes are in place to ensure that access to treatment is available as and when required.
- Starting criteria will be as stipulates in the NICE TA. Funding will be for one-off courses only.
- Stopping criteria does not apply. Repeated courses can be funded upon notification.
- There are currently no identified cohorts of patients that will need special consideration.
- Because avatrombopag is excluded from the National Tariff, commissioners will need to ensure that this drug is routinely funded via the Blueteq system.

Recommendation to APC

PbRe: Yes

Colour classification guidelines

Recommended traffic light status (see attached guidelines):
RED

RED status is applied for a medicine which funding is levied outside of tariff i.e. PBR excluded drugs (the NICE TA stipulates that providers would be hospital trusts).
n.b. This drug would be prescribed as part of a pre-op package prior to a planned procedure. It is to be used only by a defined cohort of patients with chronic liver disease, and therefore should be clearly identified prior to surgery.

Additional comments:
Blueteq form will be developed by pharmaceutical commissioning team.

Medicines management comments:
Questions to propose:

- Avatrombopag will be a RED drug as it is PbRe excluded, who will be responsible for the prescribing and when will it be prescribed i.e. in the pre-assessment as part of a pre-operative package? This is the current procedure for lusutrombopag.
- Avatrombopag is more cost effective than Lusutrombopag when used to treat the platelet count of 40,000-50,000 for the 5 day treatment course, however it is more expensive when treating a platelet count of below 40,000. Will we therefore decide to use one over the other as a first line treatment? Or possibly Avatrombopag is used as first line treatment in a platelet count of 40-50,000 and lusutrombopag for below 40,000.
    - Lusutrombopag is a 7 day course at the same dose regardless of platelet count being below 50 or 40,000 and the cost of the treatment is £800, whereas Avatrombopag for a 5 day course of a platelet count below 40,000 is £960.

References:

1 NICE TA:626 Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure
Technology appraisal guidance [TA626] Published date: 24 June 2020

Prepared by:

Hannah MacDonad (Senior Commissioning Technician Surrey Heartlands CCG)

Declaration of Interest:

None

Date: 09th September 2020

Reviewed by:

Clare Johns (Lead Commissioning Technician) Surrey Heartlands CCG

Declaration of Interest:

None

Date: 09th September 2020

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
v.1		*Hannah MacDonald/Clare Johns*	*Draft*	*Out for consultation*
v.2				

AVATROMBOPAG - for the treatment of thrombocytopenia in people with chronic liver disease needing a PLANNED invasive procedure (NICE TA626)

FUNDING APPLICATION FORM	
Drug:	Avatrombopag
Condition	Thrombocytopenia
Funding request	Initiation
Start date of current treatment: (If not yet started please state today's date)	
Sub-Type (If Applicable)	

PATIENT & GP DETAIL			
Patient Initials:		**Patient age:**	
Patient NHS Number:		**Practice Postcode:**	
Patient Hospital No:		**GP Practice Code:**	
CCG:			

CONSULTANT & TRUST DETAILS		
Consultant Name:		
Contact Name & Number:		
Trust:		
Contact Email Address:		(@NHS.net account ONLY)

The clinician responsible for the patient can confirm that they have discussed this with the patient (or in the case of a minor the parent/legal guardian/carer and in the case of an adult without capacity followed the process as set out by the MCA 2005). They have given appropriate explicit consent for sensitive personal information to be passed to the CCG for processing this request for funding and validating subsequent invoices. I have also recorded this discussion in the patient's notes.

If personal confidential and sensitive information has been provided to the previous organisation (NHS Surrey and NHS West Sussex) prior to 1st April 2013 for funding, explicit consent is given for the CCG Medicines Management Team to access this information in order to process funding applications and invoices appropriately.

☐ Tick if consent has been given

FUNDING INFORMATION

Click here to access the guidelines/NICE algorithm

Please indicate whether patient meets the following NICE criteria:	**Please tick**
1. I confirm that Avatrombopag is being used within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in this patient with chronic liver disease having a planned invasive procedure.	Yes ☐ OR No ☐
2. I can confirm that there has been a discussion with a haematologist prior to initiation	Yes ☐ OR No ☐