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 Prescribing Clinical Network on NICE Technology Appraisal TA388: April 2016

NICE TA Guidance	Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction
Date of issue	27th April 2016
Available at	https://www.nice.org.uk/guidance/ta388

Medicine details	
Name, brand name and manufacturer	Sacubitril valsartan (Entresto®) was launched in the UK market in January 2016 and is made by Novartis Pharmaceuticals.
Licensed indication, formulation and usual dosage	Sacubitril valsartan (Entresto®) has a UK marketing authorisation for 'the treatment of symptomatic chronic heart failure with reduced ejection fraction'. Sacubitril valsartan is in tablet form administered orally. The recommended starting dose is one 49/51 mg tablet, twice daily (each tablet contains 48.6 mg sacubitril and 51.4 mg valsartan). The dose should be doubled at 2 to 4 weeks to the target dose of one 97/103 mg tablet (97.2 mg sacubitril and 102.8 mg valsartan) twice daily, as tolerated by the patient.

Disease and potential patient group	
Brief description of disease	Heart failure is generally defined as the inability of the heart to supply sufficient blood flow to meet the body's needs. Heart failure may be associated with reduced left ventricular ejection fraction, where the left pumping chamber's ability to pump is impaired.
Potential patient numbers per 100,000	The prevalence of heart failure is 0.76% of the population (760 patients per 100,000). The NICE implementation template indicates that around 120 patients per 100,000 are likely to receive the treatment.

SUMMARY

Guidance

Addition of this medicine to the local formularies is mandatory as it has been given a positive NICE TA(388):

1.1 Sacubitril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people:

- with New York Heart Association (NYHA) class II to IV symptoms and

- with a left ventricular ejection fraction of 35% or less and
- who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs).

1.2 Treatment with sacubitril valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE's guideline on chronic heart failure in adults: management.

1.3 This guidance is not intended to affect the position of patients whose treatment with sacubitril valsartan was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

This medicine was approved on the basis of improved outcomes.

The Cost of implementation to the CCG members of the PCN is £1,8M over 5 years with potential cost avoidance due to reduced hospitalisation of £140,000 over 5 years.

Cost implications

The acquisition cost of sacubitril valsartan is as follows (excluding VAT; MIMS, April 2016):

- 24/26 mg (containing 24.3 mg sacubitril and 25.7 mg valsartan), 28 pack: £45.78
- 49/51 mg (containing 48.6 mg sacubitril and 51.4 mg valsartan), 28 pack: £45.78
- 49/51 mg (containing 48.6 mg sacubitril and 51.4 mg valsartan), 56 pack: £91.56
- 97/103 mg (containing 97.2 mg sacubitril and 102.8 mg valsartan), 56 pack: £91.56.

The annual cost per patient is £1,190.

NICE estimate the resource impact nationally will be £12.6 million in 2016/17 rising to £69.0 million per year from 2020/21 plus VAT where applicable, which is equivalent to £23,000 rising to £127,000 per 100,000 population.

The NICE resource impact template uses these assumptions to estimate the 5-year cost to commissioners from 2016/17. The expected impact for the selected population for CCGs is expected to be (using standard NICE assumptions):

CCG	Impact on implementing TA388
Crawley	£139,107
East Surrey	£230,654
Horsham & Mid Sussex	£289,746
Guildford & Waverley	£265,597
North West Surrey	£434,320

Surrey Downs	£366,330
Surrey Heath	£119,605
Total (impact over a 5 year period from 2016/17)	**£1,845,359**

There are no additional tests or investigations needed for sacubitril valsartan compared with existing therapies.

Alternative treatments and cost per patient per year

Technology	**Annual Treatment cost**
Angiotensin-converting enzyme inhibitors[a]	£32
Angiotensin II receptor blockers[b]	£87
Sacubitril valsartan[b]	£1,190
Heart failure – hospitalisation[d]	£2,698

a. Based on weighted average annual treatment costs of 4 different drugs (enalapril, ramipril, perindopril and lisinopril).
b. Based on weighted average annual treatment costs of 3 different drugs (losartan, candesartan and valsartan).
c. Based on a dosage of 200 mg twice daily.
d. 2016/17 National tariff.

Impact to patients

NICE concluded that, for the population included in the PARADIGM-HF trial, sacubitril valsartan was statistically significantly more clinically effective than enalapril at reducing hospitalisations and improving both overall mortality and cardiovascular mortality.

Impact to primary care

On-going prescribing and monitoring of sacubitril valsartan under shared care arrangements once the patient is on a stable dose. Blood pressure, renal function, liver function, full blood count and adherence to medication should be checked at least annually.

Impact to secondary care

Treatment with sacubitril valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. ACE / ARB naive patients should be stabilised on this treatment before transfer to sacubitril valsartan combination to comply with NICE guidance. Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE's guideline on chronic heart failure in adults: management. This creates a significant cost pressure to secondary care – initiation of treatment and on-going prescribing until the patient has stabilised on their maximum tolerated dose and future inpatient costs. It is expected that for patients currently taking an ACE or ARB, the specialists will need to continue treatment for at least 8 weeks. Due to lack of experience, the care of the following sub-group of patients should stay under the care of the specialists if they consider the patients suitable for treatment: patients with renal artery stenosis, patients with NYHA functional classification IV, patients with hepatic impairment, at least for the first two years until there is more experience in this group of patients.

Impact to CCGs

NICE assume that uptake of sacubitril valsartan will rise from 12% in 2016/17 to 60% in 2020/21, assuming a steady increase by 12% each year. The cost of implementation to the CCG members of the PCN is £1,8M over 5 years with a potential cost avoidance due to reduced hospitalisation of £140,000 over 5 years.

Implementation

Because sacubitril valsartan was made available in the NHS through the early access to medicines scheme, NHS England has indicated that this guidance will be implemented 30 days after final publication. Sacubitril valsartan is the first drug commissioned by CCGs to be approved under the early access to medicines scheme. Previously, all the other drugs available via the access to medicines scheme were cancer drugs and commissioned by

NHS England.
Recommendation to PCN
Treatment with sacubitril valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member of the specialist team, therefore it is recommended sacubitril valsartan should be classified as amber* (blue). Prescribing to be transferred to Primary Care once the patient in on the maximum tolerated dose and stabilised before discharge. It is expected that specialists will need to continue treatment for at least 8 weeks after initiation with the combination of sacubitril and valsartan. Due to lack of experience, the care of the following sub-group of patients should stay under the care of the specialists if they consider the patients suitable for treatment: patients with renal artery stenosis, patients with NYHA functional classification IV and patients with hepatic impairment, at least for the first two years until there is more experience in this group of patients.

References

1. Entresto® SPC. Electronic Medicines Compendium accessed on 28/4/16. http://www.medicines.org.uk/emc/medicine/31244
2. NICE technology appraisal guidance TA388 Published date: 27 April 2016 https://www.nice.org.uk/guidance/ta388/chapter/1-recommendations

3. Resource impact report: Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction(TA388) https://www.nice.org.uk/guidance/ta388/resources/resource-impact-report-2479301101

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
V0.1	28/4/16	Rachel Mackay	Head of Medicines Management, G&W CCG	Draft for comment
V0.2	29/4/16	Rachel Mackay	Head of Medicines Management, G&W CCG	Peer review of paper by Carina Joanes (Lead Commissioning Pharmacist) prior to sending for consultation.
V0.3	26/5/16	Rachel Mackay	Head of Medicines Management, G&W CCG	Inclusion of comments received during the consultation period.