

**Comments upon the Appraisal Consultation Document
Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial
fibrillation.**

- Has all of the relevant evidence been taken into account

The committee has taken into account the available literature comparing rivaroxaban to warfarin for the prevention of stroke in atrial fibrillation (ROCKET-AF study). One other study (JROCKET-AF) was discounted as the population was dissimilar to that of the UK population and anticoagulation therapy with warfarin was not performed as it would be in other countries. To my knowledge no other literature regarding the use of rivaroxaban for the prevention of stroke and systemic embolization in AF is available.

There is published evidence within the literature reporting predictors of stable anticoagulation therapy; it is notable that the presence of diabetes mellitus and heart failure predict the likelihood of unstable anticoagulant therapy (Witt DM et al, JTH 2010; 8:744-9). Given that there were significant numbers of patients with such comorbidities in the ROCKET-AF study, that might, in part, explain the relatively low time in therapeutic range. The revised cost-effectiveness analysis data requested from the manufacturer by the NICE committee, including that regarding subgroup analyses by country or centre, may help interpret this further.

- Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence.

The summaries of clinical effectiveness appear reasonable interpretations of the evidence. The decision to utilise the 'safety on treatment' analysis is reasonable, and best reflects the study data. The issue regarding the cost of monitoring warfarin is difficult; the costs vary considerably across the UK and between patients. The costs of monitoring unstable patients will inevitably be higher, both to the health economy and to the patient, and those patients have potentially the most to gain from an anticoagulant therapy that does not need regular monitoring.

- Are the provisional recommendations sound and a suitable basis for guidance to the NHS

The provisional recommendations (not to recommend rivaroxaban for the prevention of stroke or systemic embolization in atrial fibrillation) do not appear to take into account the potential benefit of rivaroxaban to patients who are unable to be anticoagulated with warfarin anticoagulation (rivaroxaban ACD 3.19). There is a group of patients who would potentially significantly benefit from a novel anticoagulant (those with allergies/ unable to tolerate warfarin, those with unstable anticoagulation, those that cannot manage the difficulties in taking warfarin medication with its variable dose).

- Are there any aspects of the recommendations that need particular consideration to ensure that NICE avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?

No



- Are there any equality- related issues that need special consideration and are not covered in the appraisal consultation document?

No.

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(Representing the Royal College of Pathologists and the British Committee for Standards in Haematology).