

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

2 Chronic heart failure in adults: diagnosis and management List of modelling questions

Review questions by scope area	Is it clinically and cost effective to use a combination of some of the following first-line pharmacological interventions in adults with chronic heart failure with reduced left ventricular ejection fraction (HFrEF): • angiotensin-converting-enzyme (ACE) inhibitors • angiotensin-receptor blocker (ARB) • angiotensin receptor neprilysin inhibitor (ARNI) • beta blocker • mineralocorticoid receptor antagonist (MRA) • sodium glucose cotransporter 2 (SGLT2) inhibitor
Population	Adults at the point of diagnosis of HFrEF
Interventions and comparators considered for inclusion	 Current NICE pathway Early MRA Early MRA and early ARNI Early MRA and early SGLT2 inhibitor Early MRA, early ARNI and early SGLT2 inhibitor
Perspective	NHS and personal social services
Outcomes	Quality-adjusted life-year (QALY)
Type of analysis	Cost-utility analysis
Modelling software	Excel
Issues to note	

Review questions by scope area	What is the clinical and cost-effectiveness of the following pharmacological interventions in adults with chronic heart failure with mildly reduced left ventricular ejection fraction (HFmrEF):
	angiotensin-converting-enzyme (ACE) inhibitor
	angiotensin-receptor blocker (ARB)
	angiotensin receptor neprilysin inhibitor (ARNI)
	beta blocker
	mineralocorticoid receptor antagonist (MRA)
Population	Adults with HFmrEF

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Interventions and comparators considered for inclusion	ARNI ARB
Perspective	NHS and personal social services
Outcomes	Quality-adjusted life-year (QALY)
Type of analysis	Cost-utility analysis
Modelling software	Excel
Issues to note	