

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single technology appraisal (STA)

Apixaban for the prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation

Please sign and return to:

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Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

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. Please do not exceed the 8-page limit.

About you

[Redacted]

Name of your organisation:

Arrhythmia Alliance, The Heart Rhythm Charity

Are you (tick all that apply):

- a carer of a patient with the condition for which NICE is considering this technology?
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc)

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

We believe that apixaban offers a significant innovation to AF patients currently being managed with warfarin and aspirin. The quality of life for those who would be suitable for this therapy would be vastly improved, with reduced side-effects and easier management largely because less interaction with things such as diet and medication.

Often feedback that we receive from patients on warfarin is that they find it difficult to live and manage their treatment, notably staying in their therapeutic range, coping with day to day commitments such as work and family, and feeling the impact upon their quality of life. Access to an alternative therapy such as apixaban would help patients to manage their AF more easily and safely.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology.

Benefits to patients will include:

- Improved quality of life
- The ability for patients to go about their daily life without the need and fear for constant monitoring and impact upon their routine; diet, lifestyle, work, travel and family commitments
- Reduced risk of stroke or bleeding
- Easier management of their medication

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition? (continued)

2. Disadvantages

Please list any problems with or concerns you have about the technology.

Disadvantages might include:

- aspects of the condition that the technology cannot help with or might make worse.
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or their family (for example cost of travel needed to access the technology, or the cost of paying a carer).

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We are not aware of any.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

We are not aware of any. The message that we hear from patients about their common struggles with warfarin are consistent. Most feel that an alternative that would help them to manage their daily routine with greater ease would be preferable.

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

Those who would benefit more:

- Patients who are experiencing difficulty managing to stay within their therapeutic range.
- Individuals who are struggling to manage their daily routine and commitments because of the need for regular testing.
- Those who are having difficulty with current therapies such as warfarin and its side-effects.

Those who may benefit less:

- Patients who may be contraindicated for this therapy.

Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

Warfarin
Dabigatran
Rivaroxaban
Aspirin

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them. Advantages might include:

- improvement in the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc.)

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We are aware of data that compares apixaban against aspirin and shows a significant benefit. This new therapy option would certainly provide overall improvement in aspects of their daily routine and quality of life. For instance, those who are working full time or have a family will see a marked difference in the impact to their routine, without having to be monitored and tested as regularly. For the majority of patients, they will experience fewer side-effects due to less interaction with things such as food and medication. Apixaban offers a significant alternative to existing therapy options.

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

We are not aware of any.

Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

We are not aware of any.

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

We are not aware of any.

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

Living with Warfarin Report 2011

Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

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- Reduced strain on the NHS for repeated patient visits to monitor their therapy
- Fewer AF-related strokes or bleeds for those who can be better managed on a new therapy
- Apixaban offers almost immediate protection
- Easier management (dosage and follow up checks) for the patient

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

Historically, warfarin has been the leading anticoagulation medication. Currently, thousands of patients suffer whilst taking this medication as there is no suitable alternative available to them. Apixaban will offer a valuable alternative treatment option which could benefit thousands of patients and help improve their quality of life.

Are there groups of patients that have difficulties using the technology?

Patients who may be contraindicated for this therapy.

Other Issues

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

I would like to highlight what a significant improvement this new therapy would offer to patients in terms of its safety and effectiveness against warfarin and aspirin.

As previously highlighted this new therapy option would offer thousands of patients the opportunity to receive medication that will reduce the burden on their daily routine, enabling them to manage their treatment more effectively and safely. Moreover, less frequency of monitoring and reduced fear of side-effects will have a huge impact upon patient's quality of life.

For the NHS there will be reduced time for testing and monitoring patients on apixaban, and a significantly reduced risk of stroke and unnecessary suffering for patients. This new therapy offers an alternative that will improve the patient care experience and hours of medical care currently needed to manage their treatment and risks.