British Society for Heart Failure

33 Cavendish Square

London W1G 0PW

12th January 2021

Mr Tim Irish Vice chair

National Institute for Health and Care Excellence 10 Spring Gardens

London SW1A 2BU

Dear Mr Irish,

# Re: Final Appraisal Determination – Heart failure (reduced ejection fraction) - dapagliflozin [ID1656]

The British Society for heart Failure would like to appeal against the Final Appraisal Determination for the above-mentioned technology appraisal on the following grounds:

Ground two: The recommendation is unreasonable in the light of the evidence submitted to NICE:

**2.1** Whilst the BSH are in agreement with the recommendations for the prescribing of dapagliflozin, we would like to **appeal against the term of ‘comparator’ in relation to sacubitril valsartan**. Since the publication of NICE Chronic heart failure guidelines 2018 and 2016 sacubitril valsartan technology appraisal, the prescribing of such has changed. The BSH feel that, sacubitril valsartan should now be considered standard of care for those patients meeting the criteria.

And, as such, comparing dapagliflozin and sacubitril valsartan in the current context is disingenuous. They are pathophysiologically disparate and there have been no head to head comparative studies to date. We, experts in heart failure care, consider their use as beneficial complementary therapies in clinical practice, as appropriate. We assert that this is a ground- breaking new approach that may/will change the algorithm of heart failure care into the future and hence, the BSH feel that it is important that this misleading comparator categorisation is reversed as it implies an ‘either/or’ approach, when, in many cases, both will be

necessary. Of note, this potentially sets a precedent at this point as we move inexorably into personalised medicine.

# Conclusion

The BSH welcome the recommendations as a result of the FAD, however, feel strongly that sacubitril valsartan should not be considered a comparator. We feel that NICE have missed the practical aspects of clinical practice and request the wording is altered to clarify, accordingly. The BSH respectfully request a written response addressing our concerns and would be available to NICE to advise wording and phraseology from specialists in heart failure care to secure appropriate use from a clinical standpoint.

Many thanks in advance for your consideration. Yours Sincerely,

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Chair British Society for Heart Failure