NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Single Technology Appraisal

Dapagliflozin for treating heart failure with reduced ejection fraction ID1656

Provisional Stakeholder list of consultees and commentators

Consultees	Commentators (no right to submit or appeal)
Company	General
AstraZeneca (dapagliflozin)	All Wales Therapeutics and Toxicology Centre
 Patient/carer groups Arrhythmia Alliance Atrial Fibrillation Association Blood Pressure UK British Cardiac Patients Association Cardiomyopathy UK Cardiovascular Care Partnership HEART UK Muslim Council of Britain Network of Sikh Organisations Pumping Marvellous Foundation Somerville Foundation South Asian Health Foundation Specialised Healthcare Alliance 	 Allied Health Professionals Federation Board of Community Health Councils in Wales British National Formulary Care Quality Commission Department of Health, Social Services and Public Safety for Northern Ireland Healthcare Improvement Scotland Medicines and Healthcare products Regulatory Agency National Association of Primary Care National Pharmacy Association NHS Alliance NHS Confederation
Professional groups British and Irish Hypertension Society	Scottish Medicines ConsortiumWelsh Health Specialised Services Committee
British Association for Nursing in Cardiovascular Care	Possible comparator companies
 British Cardiovascular Society British Geriatrics Society British Heart Foundation British Heart Rhythm Society British Nuclear Cardiology Society British Society for Heart Failure British Society of Cardiovascular Imaging National Heart and Lung Institute Royal College of Emergency Medicine Royal College of General Practitioners Royal College of Nursing 	 Accord (bisoprolol, captopril, enalapril, eplerenone, hydralazine, irbesartan, ivabradine, lisinopril, losartan, nebivolol, olmesartan, perindopril, ramipril, spironolactone, telmisartan, valsartan) Advanz (hydralazine, nebivolol) Aspire (eplerenone, ivabradine) AstraZeneca (lisinopril) Aurobindo pharma (bisoprolol, candesartan, carvedilol, enalapril, irbesartan, lisinopril, losartan, nebivolol,

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Consultees Commentators (no right to submit or appeal) Royal College of Pathologists olmesartan, perindopril, quinapril, ramipril, valsartan) Royal College of Physicians Boehringer Ingelheim (telmisartan) Royal Pharmaceutical Society Brown and Burk (irbesartan, lisinopril, Royal Society of Medicine losartan, ramipril) Society for Cardiological Science & • Consilient health (candesartan, Technology eplerenone, irbesartan, losartan, Society for Vascular Nurses perindopril, telmisartan) Society for Vascular Technology Daiichi Sankyo (olmesartan) **UK Clinical Pharmacy Association** Dexcel pharma (enalapril, losartan, Vascular Society of Great Britain and valsartan) Ireland Glenmark pharma (nebivolol, olmesartan, perindopril, telmisartan) Others Lupin Healthcare (irbesartan, quinapril) Department of Health and Social Care Martindale pharma (captopril) NHS England Menarini (nebivolol) NHS Bracknell and Ascot CCG Merck Sharp & Dohme (bisoprolol, NHS South Devon and Torbay CCG enalapril, losartan) Welsh Government Mylan (bisoprolol, candesartan, enalapril, eplerenone, eprosartan, hydralazine, lisinopril, losartan, olmesartan, perindopril, valsartan) Novartis (sacubitril valsartan, valsartan) Pfizer (eplerenone, quinapril, spironolactone) • Sandoz (bisoprolol, candesartan, losartan, ramipril) Sanofi (irbesartan, ramipril, spironolactone) Servier laboratories (arginine, ivabradine, perindopril) • Takeda (azilsartan, candesartan) Thame laboratories (captopril) Wockhardt (ramipril) Zentiva (eplerenone, irbesartan. ivabradine, ramipril) Relevant research groups British Society for Cardiovascular Research Cardiac and Cardiology Research Dept, **Barts** Circulation Foundation Cochrane Heart Group

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Consultees	Commentators (no right to submit or appeal)
	 Cochrane Hypertension Group Cochrane Vascular European Council for Cardiovascular Research Genomics England Heart Research UK MRC Clinical Trials Unit National Centre for Cardiovascular Preventions and Outcomes National Institute for Health ResearchWellcome Trust
	 Associated Public Health groups Public Health England Public Health Wales

NICE is committed to promoting equality, eliminating unlawful discrimination and fostering good relations between people who share a protected characteristic and those who do not. Please let us know if we have missed any important organisations from the lists in the stakeholder list, and which organisations we should include that have a particular focus on relevant equality issues.

PTO FOR DEFINITIONS OF CONSULTEES AND COMMENTATORS

Consultees

Organisations that accept an invitation to participate in the appraisal; the company that markets the technology; national professional organisations; national patient organisations; the Department of Health and Social Care and the Welsh Government and relevant NHS organisations in England.

Provisional stakeholder list for the proposed technology appraisal of dapagliflozin for treating heart failure with reduced ejection fraction ID1656

The company that markets the technology is invited to make an evidence submission, respond to consultations, nominate clinical specialists and has the right to appeal against the Final Appraisal Document (FAD).

All non-company consultees are invited to submit a statement¹, respond to consultations, nominate clinical specialists or patient experts and have the right to appeal against the Final Appraisal Document (FAD).

Commentators

Organisations that engage in the appraisal process but that are not asked to prepare an evidence submission or statement, are able to respond to consultations and they receive the FAD for information only, without right of appeal. These organisations are: companies that market comparator technologies; Healthcare Improvement Scotland; other related research groups where appropriate (for example, the Medical Research Council [MRC], National Cancer Research Institute); other groups (for example, the NHS Confederation, NHS Alliance, and the British National Formulary.

All non-company commentators are invited to nominate clinical specialists or patient experts.

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¹ Non-company consultees are invited to submit statements relevant to the group they are representing.