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| 1. | <p>Treatment & Condition</p> <p>Dapagliflozin for treating chronic heart failure with reduced ejection fraction</p> |
| 2. | <p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA679 (February 2021)</p> <p>Dapagliflozin (Forxiga[®]) is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with:</p> <ul style="list-style-type: none"> • angiotensin-converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or • sacubitril valsartan, with beta blockers, and, if tolerated, MRAs. <p>Start treatment of symptomatic heart failure with reduced ejection fraction with dapagliflozin on the advice of a heart failure specialist. Monitoring should be done by the most appropriate healthcare professional.</p> |
| 3. | <p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>According to the Resource Impact Template that accompanies NICE TA679, it is estimated that in Northern Ireland:</p> <ul style="list-style-type: none"> • 3360 people with symptomatic chronic heart failure with reduced ejection fraction are eligible for treatment with dapagliflozin, and • 2520 people will have dapagliflozin as an add-on treatment from year 2024/25 onwards once uptake has reached 75%. <p>50% of this is as an add-on optimised standard care with ACE inhibitors or ARBs, with beta blockers, and, if tolerated, MRAs and 25% is as an add-on to optimised standard care with sacubitril valsartan, with beta blockers, and, if tolerated, MRAs</p> |
| 4. | <p>Patient Access Scheme Availability</p> <p>(Yes/<u>No</u>)</p> |
| 5. | <p>Infrastructure Requirements</p> <p>It is anticipated that infrastructure requirements will be minimal</p> |
| 6. | <p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p> <p>Any additional infrastructure costs associated with the introduction of new cardiac medications will be managed as part of the routine commissioning process. This TA assumes that patients on this treatment will be prescribed the medication in</p> |

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| | primary care. |
| 7. | Commissioning arrangements Dapagliflozin for this indication is commissioned by HSCB. Providers are HSC hospital trusts, and primary care. |
| 8. | Monitoring arrangements Through usual monitoring of primary care drug budgets. |
| 9. | DoH (NI) Legislative/Policy Caveats This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. |