

NICE TA 245: Apixiban for the prevention of venous thromboembolism in people undergoing elective knee and hip replacement surgery

1	<p>Name of Commissioning Team</p> <p>Elective Care Commissioning Team</p>
2	<p>Summary of NICE TA 245</p> <p>Apixaban is recommended as an option for the prevention of venous thromboembolism (VTE) in adults after elective hip or knee replacement.</p>
3	<p>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</p> <p>Each year in Northern Ireland there are approximately 3,300* elective hip and knee replacements carried out. Chemical VTE prophylaxis is recommended for elective hip and knee replacements unless there is a specific contraindication. The most commonly prescribed VTE prophylaxis is low molecular weight heparin (LMWH) which is administered by subcutaneous injection.</p> <p>Apixaban is available in tablet form. It is unknown what the uptake of apixaban will be. However, it will be used instead of current agents and is slightly cheaper than the most commonly used agent LMWH.</p> <p>* Source – NI Regional Joint Registry for Primary Hips and Knees (including those patients treated within the HPSS excluding those in the Independent Sector)</p>
4	<p>Outcomes</p>
4.1	<p>Additional life expectancy gain / progress improvement</p> <p>Apixaban was judged by NICE as more effective and slightly cheaper than the most widely used LMWH – enoxaparin. In addition apixaban is available in tablet form. Efficacy is similar to other alternative products used for VTE prophylaxis for elective hip and knee surgery.</p>
4.2	<p>Reduction in morbidity</p> <p>Apixaban has been judged to be more effective than the most widely used LMWH.</p>
4.3	<p>Cost per patient per annum</p> <p>Patients prescribed apixaban for elective hip replacement should have a 34 day course which costs approximately £116. Patients who are having an elective knee replacement should have a 12 day course which costs approximately £41.</p>

4.4	In year cost per patient per annum (for new and prevalent cases) See above
4.5	Any cost savings and how these will be secured – N/A
4.6	Recurrent overall cost Unknown as it depends on uptake. However, Apixiban is slightly cheaper than enoxaparin so modest savings would be made.
4.7	Cost per QALY N/A
4.8	Other treatments available for this condition Enoxaparin, rivaroxaban and dabigatran
4.9	Readiness to implement Choice of VTE prophylaxis is clinical. Could be implemented immediately.
5	DHSSPS 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.
6	What will Commissioning Team do to secure funding for the implementation of this TA including any proposals for disinvestment Clinical choice, no major impact on resources and should result in modest savings.
7	Commissioning arrangements N/A
8	Monitoring arrangements N/A