<table>
<thead>
<tr>
<th></th>
<th>Treatment &amp; Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ticagrelor for preventing atherothrombotic events after myocardial infarction</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Associated appraisal body &amp; Summary of ruling</th>
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<tbody>
<tr>
<td>2</td>
<td>NICE Technology Appraisal Guidance TA420 (December 2016)</td>
</tr>
</tbody>
</table>

Ticagrelor, in combination with aspirin, is recommended within its marketing authorisation as an option for preventing atherothrombotic events in adults who had a myocardial infarction (MI) and who are at high risk of a further event.

The earlier NICE TA 236 recommended Ticagrelor 90mg twice daily for one year after a MI. This new TA is recommending an extension of Ticagrelor at a lower dose (60mg twice daily) for a subset of higher risk individuals for up to a further 3 years. The specific clinical criteria to be considered in this high risk category is one or more of the following:

- age 65 or over,
- diabetes mellitus needing medication,
- a second prior MI,
- evidence of multi-vessel coronary artery disease,
- or chronic non-end-stage renal dysfunction.

This TA also includes people who may not have had a full 12 months of anti-platelet therapy or who may have had their heart attack up to 2 years earlier.

Treatment under this TA should be stopped when clinically indicated or at a maximum of three years.

<table>
<thead>
<tr>
<th></th>
<th>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>NICE planning assumptions are that, of the eligible patient population, currently 89% receive aspirin and 11% another treatment. Modelling of future treatment options are that of the eligible patients 2% will be on Ticagrelor plus aspirin in year 1, rising to 14% by year 4.</td>
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</tbody>
</table>

Based on the NICE costing template, it is anticipated therefore that 37 patients will commence treatment with this therapy in Year 1 (2017/18) increasing to 393 patients by Year 6 (2022/23).

It is assumed all will stop treatment after 3 years.

<table>
<thead>
<tr>
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<th>Patient Access Scheme availability</th>
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<tbody>
<tr>
<td>4</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
## 5 Costs *(before PAS if applicable)*

### 5.1 Drug cost per patient per annum (for new and prevalent cases)

Ticagrelor costs £54.60 for a 56-tablet pack (28 days’ supply). The annual cost per patient per annum is £712.

### 5.2 Infrastructure costs per patient per annum

There are no additional infrastructure costs associated with this treatment.

### 5.3 Current in year costs

The estimated recurrent cost by year 6 (2022/23) in the Resource Impact Template is £280,000. First year costs are estimated to be about £27,000.

It is expected that all costs will impact on primary care.

### 5.4 Recurrent costs

The estimated recurrent cost by year 6 (2022/23) in the Resource Impact Template is £280,000. First year costs are estimated to be about £27,000. It is expected that all these costs will impact on primary care.

### 5.5 Opportunities for cost savings and how these will be secured

It is anticipated that Ticagrelor will lead to fewer cardiovascular events which may translate into savings for commissioners.

## 6 Expected implementation period

There is no barrier to immediate implementation of this guidance.

## 7 Commissioning arrangements

This regime will be formally commissioned vis the Medicines Management Commissioning Team. Ticagrelor is already one of the treatment options post-myocardial infarction. It is usually commenced in secondary care. This TA extends the length of treatment.

## 8 Monitoring arrangements

The prescribing trends for this drug will be monitored by medicine management advisers where appropriate. The Medicines Management Commissioning Team will track trends in the use of this drug. Given the financial implications if the proportion of eligible patients commenced on Ticagrelor is significantly higher than NICE planning assumptions, this should be monitored closely.

## 9 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.