Kent and Medway Policy Recommendation and Guidance Committee

Policy Recommendation

Policy:	**PR 2016-28: Argatroban for type 2 heparin-induced thrombocytopenia**
Issue Date:	**November 2016**
Review Date:	**N/A – Static recommendation[1]**
This policy recommendation replaces PR 2013-13	

The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered national guidance, evidence of clinical effectiveness and the baseline position. All decisions were made with reference to the Ethical Framework. Taking these into account, the PRGC recommends that:

- Argatroban is funded within the local NHS for the treatment of patients with type 2 heparin-induced thrombocytopenia (HIT) requiring parenteral antithrombotic treatment when danaparoid is contraindicated due to severe renal insufficiency.

See overleaf for background information and supporting rationale.

Clinical Commissioning Groups (CCGs) in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting Documents

Health Care Intervention Appraisal and Guidance (HCiAG) team (2016) *Argatroban for heparin-induced thrombocytopenia: Review of PR2013-13 – Briefing note*

Health Care Intervention Appraisal and Guidance (HCiAG) team (2013) *Argatroban for type 2 heparin-induced thrombocytopenia – Final report*

Equality Analysis Screening Tool – Argatroban for heparin-induced thrombocytopenia (2016).

[1] This recommendation has been made static. It will only be reviewed if new information becomes available that is likely to have a material effect on the current recommendation.

Approved by: East Kent Prescribing Group *(Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)*

Date: March 2017

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Key points and rationale

Why does the policy on argatroban need to be reviewed?
The current local policy (PR2013-13; issued Sept. 2013), recommending that argatroban is funded for type 2 heparin-induced thrombocytopenia (if certain criteria are met), is due for routine review.

What is heparin-induced thrombocytopenia (HIT)?
HIT[2] is a serious complication of exposure to unfractionated (UFH) or low-molecular-weight heparin (LMWH). Most patients with HIT develop thrombocytopenia five or more days after the first treatment with heparin; one-half to two-thirds of these patients will experience a thrombotic event, referred to as HIT with thrombosis syndrome (HITTS). Common resulting complications of HITTS are deep vein thrombosis, pulmonary embolism, limb artery thrombosis, thrombotic stroke and myocardial infarction. HIT is an immune mediated disorder. The development of heparin-dependent immunoglobulin G antibodies (HIT antibodies) and their binding to platelet factor 4, a pro-coagulant protein that promotes platelet aggregation and activation, leads to the formation of platelet-derived micro-particles, which are thought to trigger the thromboses associated with HIT.

How is HIT currently treated?
The main principle of treatment is that patients with a high suspicion of, or proven, HIT discontinue UFH or LMWH and commence treatment with an alternative anticoagulant that will not cross-react with HIT antibodies. In the UK, the alternative anticoagulants licensed for use in HIT are danaparoid and argatroban.

What is argatroban?
Argatroban is a direct thrombin inhibitor that is administered intravenously. The key feature that makes it attractive in the management of HIT is its hepatic metabolism in a condition that is often complicated by established or developing renal impairment. Argatroban is indicated for anticoagulation in adults with heparin-induced thrombocytopenia type 2 who require parenteral antithrombotic therapy. No initial dose regimen adjustment with respect to renal function is necessary. In contrast, danaparoid is contraindicated in people with severe renal insufficiency unless no alternative anti-thrombotic treatment is available; danaparoid should be used with caution in patients with moderately impaired renal function.

What does national guidance say?
NICE have not issued guidance on argatroban or danaparoid, or on the management of HIT.

No new national or UK professional society guidance has been issued since PR2013-13 was determined.

The following national guidance was considered by the PRGC when determining PR2013-13:

- The Scottish Medicines Consortium (SMC; August 2013) and All Wales Medicines Strategy Group (AWMSG; January 2013) both recommend argatroban as an option in the treatment of HIT according to its licensed indication
- Guidelines on the diagnosis and management of HIT by the British Society of Haematology, recommend the use of danaparoid, argatroban, or (off-label) fondaparinux (Watson 2012). Bivalirudin is suggested as an alternative where urgent surgery is required and is recommended in patients with previous or present HIT who require coronary intervention including angiography and percutaneous coronary intervention.

[2] Historically, an early onset, non-immune fall in platelet count was designated as HIT type 1, with later onset, immune mediated thrombocytopenia classified as HIT type 2. However, in practice this terminology is infrequently used; HIT usually refers specifically to HIT type 2. This document will follow convention and use HIT as synonymous with HIT type 2.

Has the cost of argatroban changed since PR2013-13 was issued?
No. As of October 2016, the prices of argatroban and danaparoid are the same as that included in the HPSU report that underpinned PR2013-13 (according to BNF, accessed via NICE website).

Why is argatroban (if certain criteria are met) funded on the local NHS for HIT?
The PRGC recommendation to fund argatroban for HIT is consistent with advice from the SMC and the AWMSG; it also reflects the fact that argatroban is the only licensed treatment option for HIT with no specific precautions in renal impairment.

Change sheet

Reason for review: The current policy on argatroban for type 2 heparin-induced thrombocytopenia (PR2013-13) is due for routine review.

Changes made to current policy: None.

Estimated cost impact of implementation of policy: Cost neutral.

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