South London Cardiac and Stroke Networks

Guidance on Prescribing Prasugrel for Patients Following an Acute Coronary Syndrome

The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Prasugrel, in combination with aspirin, is licensed for the prevention of atherothrombotic events in patients with Acute Coronary Syndrome (ACS), defined as unstable angina (UA), non-ST segment elevation myocardial infarction (NSTEMI) or ST segment elevation myocardial infarction (STEMI), undergoing primary or delayed Percutaneous Coronary Intervention (PCI).
In the only head-to-head outcome study to date, prasugrel provided superior protection against cardiovascular events compared to clopidogrel; however, this was at the expense of an increased risk of bleeding.

Prasugrel is not licensed for primary prevention or secondary prevention of stable CV disease and there is no evidence to support its use as monotherapy. It should not be initiated in primary care.

NICE guidance published in October 2009 lists a series of indications for which prasugrel should be considered as an option. In view of the availability of generic clopidogrel and the anticipated significant reduction in price, clopidogrel should always be considered as the first line option for these indications. Prasugrel should only be used for patients where there is a compelling clinical advantage over clopidogrel.

As per NICE guidance, prasugrel, in combination with aspirin, should be considered <u>as an option</u> for the following:

- **Patients undergoing primary PCI for STEMI**
- **Patients who have had a reinfarction or stent thrombosis whilst taking aspirin and clopidogrel**
- **Patients with diabetes mellitus undergoing PCI**

The SLCSN also recommend that prasugrel may be initiated by a consultant cardiologist as an alternative to clopidogrel for patients requiring dual antiplatelet therapy (ie after insertion of a drug-eluting stent) who have had a severe allergic reaction to clopidogrel (usually an intolerable rash) requiring premature cessation of clopidogrel therapy

Prasugrel should be initiated by a consultant cardiologist and the first prescription should be issued from secondary care. On-going supplies should be prescribed by primary care; provided use is in line with the indications listed above.

Contra-indications	Cautions
• Hypersensitivity to prasugrel or excipients • Active pathological bleeding • History of stroke or transient ischaemic attack (TIA) • Severe hepatic impairment (Child-Pugh class C)	• Age over 75 years • Weight less than 60kg • Renal impairment • Hepatic impairment (Child-Pugh class A and B) • Children under the age of 18 years • Recent trauma, surgery, gastrointestinal bleeding or active peptic disease • Co-administration of oral anticoagulants, aspirin, NSAIDs and fibrinolytics due to an increased risk of bleeding

Initiation and Duration

- Prasugrel should be initiated with a single 60mg loading dose and then continued at 10mg once a day. Patients should also take aspirin 75mg daily.
  If the patient is over the age of 75 and/or of low bodyweight under 60kg, a lower maintenance dose of 5mg daily may be considered, but there is no clinical outcome data to support this.
- Prasugrel is licensed for use for up to 12 months, after which time prasugrel therapy should be stopped – the patient should continue on low dose aspirin.
- The discharge summary must clearly indicate the intended duration of prasugrel therapy. Patients will be issued hand-held antiplatelet cards by secondary care indicating the recommended duration of therapy.
- **Prasugrel must not be stopped earlier than recommended without discussion with the initiating clinician**

Monitoring

- Prasugrel is a black triangle drug - any adverse effects must be reported to the CSM using the yellow card system.
- The patient will be advised to report any unusual bruising or bleeding. Should bleeding occur, please contact the initiating clinical team for advice on further management.

References

- *Wiviott SD et al; TRITON-TIMI 38 investigators; Prasugrel versus clopidogrel in patients with acute coronary syndromes; NEJM; 357: 2001-2015; 15 Nov 2007.*
- *Summary of product characteristics, Efient® (updated 11/03/2009)*
- *NICE guidance TA182 Acute coronary syndrome - prasugrel: guidance. Oct 2009*

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