NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group NHS

July 2014

Ticagrelor (Brilique®)

The New Therapies Subgroup discussed the above drug at a meeting in July 2014. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of ticagrelor (Brilique®) in combination with acetylsalicylic acid, for the prevention of atherothrombotic events in adult patients with acute coronary syndromes (unstable angina, non ST elevation Myocardial Infarction [NSTEMI] or ST elevation Myocardial Infarction [STEMI]); including patients managed medically, and those who are managed with percutaneous coronary intervention (PCI) or coronary artery by-pass grafting (CABG).

The group recommends ticagrelor, in combination with aspirin for 12 months for all acute patients (STEMI/NSTEMI/Unstable angina) undergoing coronary intervention as per the recommendations on the following pages. For all other patients' clopidogrel remains the first choice.

Ticagrelor was found to be significantly more effective than clopidogrel plus aspirin in preventing vascular events in patients with acute coronary syndrome in the PLATO trial and there was no significant difference in the rates of major bleeding between the two groups however this comes at an increased cost. If ticagrelor were used over clopidogrel, for every 53 people treated one death will be prevented. This is at an extra cost (compared to clopidogrel) of £34,980[1]. However patients taking ticagrelor were more likely to suffer from non procedure related bleeding and breathlessness than those taking clopidogrel; so for every 143 patients treated one will develop side effects with ticagrelor. The cost of treating 143 patients with ticagrelor for 12 months is £94,380[1] with approximately 3 lives saved but 1 harmed.

There is currently no data available directly comparing ticagrelor with prasugrel.

According to set criteria ticagrelor was deemed to be a medium priority for funding.

1prices correct at time of publication.

Review date: July 2016

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm therisk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.