

TICAGRELOR (BRILIQUE®) – Primary Care NICE Technology Appraisal (TA)

Name: Generic (trade)	What it is?	Indication	Date Decision last revised	Decision Status	NICE/SMC Guidance
Ticagrelor (Brilique®)	P2Y ₁₂ adenosine diphosphate receptor antagonist	Acute coronary syndrome (ACS)	July 2013	Final	NICE - Recommended (Oct 2011) SMC - Accepted for use (Apr 2011)

RECOMMENDED FOR INITIATION BY SECONDARY CARE SPECIALISTS/CARDIOLOGISTS AND CONTINUATION IN PRIMARY CARE ONLY IN LINE WITH NICE CRITERIA:

Ticagrelor in combination with low-dose aspirin is recommended **for up to 12 months as a treatment option** in adults with acute coronary syndrome (ACS) that is, people:

- with ST-segment-elevation myocardial infarction (**STEMI**) - defined as ST elevation or new left bundle branch block on electrocardiogram - that cardiologists intend to treat with primary percutaneous coronary intervention (PPCI); **OR**
- with non-ST-segment-elevation myocardial infarction (**NSTEMI**); **OR**
- admitted to hospital with **unstable angina** - defined as ST or T wave changes on electrocardiogram suggestive of ischaemia **plus** one of the characteristics defined below:
 - age 60 years or older;
 - previous myocardial infarction or previous coronary artery bypass grafting (CABG);
 - coronary artery disease with stenosis of 50% or more in at least two vessels;
 - previous ischaemic stroke;
 - previous transient ischaemic attack, carotid stenosis of at least 50%, or cerebral revascularisation;
 - diabetes mellitus;
 - peripheral arterial disease;
 - chronic renal dysfunction, defined as a creatinine clearance of less than 60ml per minute per 1.73 m² of body-surface area (except for patients on renal dialysis).

Primary care prescribers are asked to:

- **Ensure patients prescribed Ticagrelor for STEMI have undergone Primary Percutaneous Coronary Intervention (PPCI).**
- **Ensure that patients have a Ticagrelor discontinuation date added to their patient record after taking over prescribing in primary care, such that the total Ticagrelor treatment course does not exceed 12 months after initiation. Patients will be discharged with an initial supply from the Provider unit.**
- **Remind patients of the importance of taking Ticagrelor TWICE a day, and not to miss doses.**
- **Advise patients to inform you if intolerable side effects such as Dyspnoea develop, before discontinuing treatment (Dyspnoea was reported by 13.8% of patients treated with Ticagrelor and by 7.8% of patients treated with Clopidogrel). Consult Specialists regarding potential alternative treatments.**
- **Note that no dose adjustment is needed for patients with renal or mild hepatic impairment. Not recommended for patients on renal dialysis and contraindicated in patients with moderate to severe hepatic impairment.**
- **Co-administration of Ketoconazole, Clarithromycin, Nefazodone, Ritonavir and Atazanavir are contraindicated due to significant drug interaction. See Summary of Product Characteristics for full information: <http://www.medicines.org.uk/emc/>**

References

NICE technology appraisal guidance 236; Ticagrelor for the treatment of acute coronary syndromes; October 2011
<http://publications.nice.org.uk/ticagrelor-for-the-treatment-of-acute-coronary-syndromes-ta236>

Please contact the prescribing partnership email address for any enquiry: CAPCCG.prescribingpartnership@nhs.net