

Quick reference guide

Clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events (review of technology appraisal guidance 90)

NOTE: This guidance replaces NICE technology appraisal guidance 90 issued in May 2005.

The review and re-appraisal of clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events has resulted in a change in the guidance. Specifically:

- Treatment with modified-release dipyridamole in combination with aspirin for people who have had an ischaemic stroke is now recommended only if clopidogrel is contraindicated or not tolerated.
- Treatment with modified-release dipyridamole in combination with aspirin for people who have had an ischaemic stroke or a transient ischaemic attack is no longer limited to 2 years' duration from the most recent event.
- Clopidogrel is no longer recommended only for people who are intolerant of aspirin and have had an occlusive vascular event or have peripheral arterial disease (see paragraph 1 for new guidance).
- Modified-release dipyridamole alone is now recommended as an option to prevent occlusive vascular events (see paragraph 3).

Guidance

This guidance applies to people who have had an occlusive vascular event, or who have established peripheral arterial disease. For people who have had a myocardial infarction, this guidance follows on from the recommendations for clopidogrel in combination with low-dose aspirin in NICE clinical guidelines 48 and 94. This guidance does not apply to people who have had, or are at risk of, a stroke associated with atrial fibrillation, or who need treatment to prevent occlusive events after coronary revascularisation or carotid artery procedures.

- 1 Clopidogrel is recommended as an option to prevent occlusive vascular events:
 - for people who have had an ischaemic stroke or who have peripheral arterial disease or multivascular disease **or**
 - for people who have had a myocardial infarction only if aspirin is contraindicated or not tolerated.
- 2 Modified-release dipyridamole in combination with aspirin is recommended as an option to prevent occlusive vascular events:
 - for people who have had a transient ischaemic attack **or**
 - for people who have had an ischaemic stroke only if clopidogrel is contraindicated or not tolerated.
- 3 Modified-release dipyridamole alone is recommended as an option to prevent occlusive vascular events:
 - for people who have had an ischaemic stroke only if aspirin and clopidogrel are contraindicated or not tolerated **or**
 - for people who have had a transient ischaemic attack only if aspirin is contraindicated or not tolerated.
- 4 Treatment with clopidogrel to prevent occlusive vascular events should be started with the least costly licensed preparation.

NICE technology appraisal guidance 210

The guidance was developed using the NICE multiple technology appraisal process. NICE technology appraisal guidance is about the use of new and existing medicines and treatments in the NHS in England and Wales.

- 5 People currently receiving clopidogrel or modified-release dipyridamole either with or without aspirin outside the criteria in paragraphs 1, 2 and 3 should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

Implementation tools

NICE has developed tools to help organisations put this guidance into practice (listed below). These are available on our website (www.nice.org.uk/guidance/TA210).

- Costing template and report to estimate the national and local savings and costs associated with implementation.
- Audit support for monitoring local practice.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/guidance/TA210

- A quick reference guide (this document) – the recommendations.
- ‘Understanding NICE guidance’ – a summary for patients and carers.
- The NICE guidance.
- Details of all the evidence that was looked at and other background information.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N2394 (quick reference guide)
- N2395 (‘Understanding NICE guidance’).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see www.nice.org.uk

- Unstable angina and NSTEMI: the early management of unstable angina and non-ST-segment-elevation myocardial infarction. NICE clinical guideline 94 (2010). Available from www.nice.org.uk/guidance/CG94
- MI: secondary prevention. Secondary prevention in primary and secondary care for patients following a myocardial infarction. NICE clinical guideline 48 (2007). Available from www.nice.org.uk/guidance/CG48

Updating the appraisal

This technology appraisal will be considered for review in July 2013. Information about the progress of a review will be available at www.nice.org.uk/guidance/TA210

This guidance represents the view of NICE, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, 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.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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