



Title	Clopidogrel versus Other Antiplatelet Agents for Secondary Prevention of Vascular Events in Adults with Acute Coronary Syndrome or Peripheral Vascular Disease: Clinical and Cost-Effectiveness Analyses
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Aim

To compare the clinical and cost effectiveness of clopidogrel, alone or in combination with acetylsalicylic acid (ASA), versus other antiplatelet regimens for secondary prevention of vascular events in adult patients with acute coronary syndrome (ACS) or peripheral vascular disease (PVD); to determine the optimal duration of treatment with clopidogrel in secondary prevention of vascular events in the same population; and to review North American clinical practice guideline recommendations for the use of clopidogrel.

Conclusions and results

Dual therapy with clopidogrel and ASA was more efficacious than ASA alone in patients with ACS and no ST-segment elevation, but with increased risk of major bleeding. No studies were available by which to determine the optimal duration of treatment using clopidogrel in secondary prevention of vascular events. For patients with a mean age 60 at initial event or PVD diagnosis, treatment options including clopidogrel were the most cost effective compared to ASA alone in secondary prevention of vascular events. In patients with ACS, clopidogrel plus ASA was found to be the most cost effective of ASA, clopidogrel plus ASA, or clopidogrel alone. In patients with PVD, clopidogrel alone was the most cost effective, but clopidogrel plus ASA becomes most cost effective as the mean age increases. Practice guidelines recommend a combination of clopidogrel and ASA for patients with ACS. However, clopidogrel alone is recommended for patients with ACS or PVD and an intolerance or allergy to ASA.

Recommendations

Not applicable.

Methods

Two systematic reviews, 1 clinical and 1 economic, of studies comparing clopidogrel with other antiplatelet agents in patients with ACS or PVD were conducted, according to a priori protocols. A search for clinical

guidelines was conducted, and an economic evaluation was performed to determine the cost effectiveness of clopidogrel, ASA, or ASA plus clopidogrel in managing patients with ACS and patients with PVD.

Further research/reviews required

More research on patients with ACS or PVD is needed to answer many of the research questions posed.