

Date: September 15, 2005

Subject: DRC Recommendations to DCC and DHS

To: DHS, DCC, Dean's Office

From: Henry F. Simmons, Jr., MD, Ph.D.
Chairman DRC

At its 09/15/05 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of three antiplatelet drugs in the management of adult patients with acute coronary syndromes, percutaneous coronary intervention, stroke/TIA and symptomatic peripheral vascular disease.

The medications discussed included the following:

Aspirin 25 mg/ extended release dipyridamole 200 mg [ERDP/ASA]

Clopidogrel

Ticlopidine

Based upon the bulk of the best available evidence pertaining to the aforementioned drugs the Committee concluded the following:

There is insufficient evidence to exclude completely any of the agents from therapeutic consideration. However, concerns about the potential for ticlopidine to cause neutropenia warrant extra caution.

There is sufficient evidence to conclude that clopidogrel should be available for the treatment of acute coronary syndromes. There was insufficient data to recommend the use of either ERDP/ASA or ticlopidine for this indication.

There is sufficient evidence to conclude that clopidogrel should be the preferred agent for the treatment of patients undergoing percutaneous coronary interventions. Ticlopidine is also efficacious but has a higher potential for toxicity than clopidogrel.

There is sufficient evidence to conclude that ERDP/ASA should be the preferred agent for treating patients with prior ischemic stroke who have TIA or recurrent stroke. Ticlopidine is also efficacious in that it is superior to aspirin. Clopidogrel is no better than aspirin. However, clopidogrel and ticlopidine should be available for patients who are sensitive to aspirin.

There is sufficient evidence to conclude that clopidogrel should be available for treating patients with symptomatic peripheral vascular disease. There was insufficient data to recommend the use of either ERDP/ASA or ticlopidine for this indication.

Patients who are pregnant or those who are sensitive to aspirin should have access to clopidogrel and ticlopidine. Aside from these two subgroups there is insufficient evidence to conclude in general that one agent is either more efficacious or associated with more adverse effects based upon demographics, comorbidities or adverse drug interactions.