

Executive summary

- Two new studies involving extended release dipyridamole plus aspirin (ASA-ERDP) were identified as having been published since the last review; PRoFESS which provides head to head outcome data against clopidogrel for the treatment of patients who have experienced an ischaemic stroke and ESPRIT in which a comparison is made against aspirin in the treatment of patients with transient ischaemic attacks or with minor stroke of presumed arterial origin.
- A health economic model has been developed by Boehringer Ingelheim based upon the PRoFESS study to compare clopidogrel and dipyridamole and aspirin and incorporating ESPRIT (together with ESPS-2) data in the assessment of aspirin compared to dipyridamole and aspirin.
- The cost effectiveness analysis suggests that modified release dipyridamole plus aspirin first line with aspirin second line is cost effective to aspirin alone (£5,377 cost per QALY) and to no treatment (£5,910 cost per QALY).
- The cost effectiveness analysis also suggests (based on the PRoFESS head to head study) that modified release dipyridamole plus aspirin first line with aspirin second line is cost effective to clopidogrel first line with aspirin second line (clopidogrel provides more benefits but at a higher cost that is not cost effective associated with an ICER of £114,628 (ischaemic stroke patients) and £199,149 (TIA patients))
- Based on a cost of Asasantin of £7.79 per 60 tablets and Plavix of £36.35 per 30 75 mg tablets it would require about a 50% drop in the price of clopidogrel compared to Brand price for it to have an acceptable cost per QALY value based on a cost effectiveness threshold of £20,000