NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Review Proposal Project (RPP) decision paper

Review of TA317; Prasugrel with percutaneous coronary intervention for treating acute coronary syndrome

Final recommendation post consultation
The guidance should be transferred to the 'static guidance list'.

1. Background

This guidance was issued in July 2014

At the Guidance Executive (GE) meeting of 20 June 2017 it was agreed that we would consult on the recommendations made in the GE proposal paper. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

2. Proposal put to consultees and commentators

The guidance should be transferred to the 'static guidance list'. That we consult on this proposal.

3. Rationale for selecting this proposal

Limited new evidence has been published since NICE technology appraisal guidance 317 and no evidence has been identified that suggests a review of this guidance is necessary. Therefore it is proposed that TA317 is moved to the static list.

4. Summary of consultee and commentator responses

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Respondent: The British Cardiovascular Society **Response to proposal:** Agree The British Cardiovascular Society believes that current NICE guidance in this area remains reasonable at the present time. However, the proposal to move the guidance to the static list is based on the lack of new research in patients treated with Prasugrel. We thought that we should alert NICE to some new data that have recently been presented and are being submitted for publication. Data from over 89,000 consecutive patients treated by primary percutaneous coronary intervention in the UK show that 30-day and one-year mortality were both significantly lower in patients who were treated with Prasugrel compared with Clopidogrel or Ticagrelor, a difference which persisted after multivariate analysis. As a result, and bearing in mind that it is most unlikely that there will ever be a randomised trial large enough to test for such differences in mortality, NICE may wish to consider deferring moving its guidance in this area to the static list until it has the opportunity to scrutinise these data?	**Comment from Technology Appraisals** Comment noted. NICE technology appraisal guidance 317 recommends prasugrel 10 mg in combination with aspirin an option within its marketing authorisation, that is, for preventing atherothrombotic events in adults with acute coronary syndrome (unstable angina [UA], non-ST segment elevation myocardial infarction [NSTEMI] or ST segment elevation myocardial infarction [STEMI]) having primary or delayed percutaneous coronary intervention. Based on the limited information made available to NICE on this new data, it appears unlikely that the data would change the recommendations in NICE technology appraisal guidance 317. However, topics on the static list may be transferred back to the active list for further appraisal if new evidence becomes available that is likely to affect the recommendation. For further details of the technology appraisal review process, see section 6 of NICE's 'Guide to the processes of technology appraisal.'

Respondent: Department of Health **Response to proposal:** No Comment	**Comment from Technology Appraisals** No action required.

Paper signed off by: Jenniffer Prescott, 07 August 2017

Contributors to this paper:

Technical Lead: Kirsty Pitt

Technical Adviser: Nicola Hay

Project Manager: Samantha Shannon