RELEVANT ACUTE TRUST LOGO
WORKING IN PARTNERSHIP WITH

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath), Crawley CCG and Horsham & Mid-Sussex CCG

INFORMATION SHEET – Blue Traffic Light Classification		
Name of medicine	Prasugrel 5mg, 10mg film coated tablets	
Indication **(including whether for adults and/or children)**	Prasugrel, co-administered with aspirin, is indicated for the prevention of atherothrombotic events in adult patients with acute coronary syndrome (i.e. unstable angina, non-ST segment elevation myocardial infarction [UA/NSTEMI] or ST segment elevation myocardial infarction [STEMI]) undergoing primary or delayed percutaneous coronary intervention (PCI).	
PCN policy statement reference **(if applicable)**	PCN 042-2013	
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Version: 1	**PCN recommendation date:** Feb 2017	**Review date:** Feb 2019

The information sheet is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface for medicines classified by Prescribing Clinical Network as **BLUE**

BLUE drugs are considered suitable for prescribing in primary care, following initiation and stabilisation by a specialist as ongoing monitoring can be undertaken in primary care without specialist support and WITHOUT the need for a formal shared care guideline.
For each drug classified as blue, the Prescribing Clinical Network will recommend the minimum supply and whether an information sheet is required or not. A minimum of one month supply of medication will be provided by the initiating consultant.
This information sheet sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer's Summary of Product Characteristics. Prescribing must be carried out with reference to those publications. A GP or Primary Care Prescriber must ensure they are familiar with the prescribing responsibilities. This information sheet is available on the internet **http://pad.res360.net/** forming part of the Prescribing Advisory Database (PAD) giving GPs appropriate advice / guidance and is not required to be sent to the GP with the clinic letter.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities
1. To assess the suitability of patient for treatment
2. To discuss the aims, benefits and side effects of treatment with the patient and/or carer as well as their role
3. Explain to the patient and/or carer the treatment plan including the dosing schedule and request for transfer of care to GP
4. Baseline monitoring undertaken
5. Monitor and evaluate response to treatment, including adverse drug reactions, with the patient and to continue / discontinue treatment in line with agreed treatment plan
6. Supply GP with summary of patient review (including anticipated length of treatment) and a copy of any information sheet available
7. Advise GP if treatment is to discontinue at any point
8. Inform GP if patient does not attend planned follow-up
9. Initial 1 month supply from acute trust to ensure patient is stable, benefiting from treatment and tolerating the medicines
10. *60mg loading dose then continued at 10mg daily* (5mg daily for those patients with body weight under 60kg and those over 75years)
11. *Monitor safety and treat any side effects experienced through specialist review*
12. *Define any characteristics of clinical response that can be reviewed by GP to assess response to drug*

General Practitioner (GP) or Primary Care Prescriber responsibilities
1. Subsequent prescribing of prasugrel at the dose recommended for the remaining 12 months
2. Therapeutic experience with prasugrel is limited in patients with renal impairment (including ESRD) and in patients with moderate hepatic impairment. These patients may have an increased bleeding risk.

3.	Ensure that any new medication which is started is reviewed in terms of interactions with prasugrel
4.	Ensure that prasugrel is stopped after 12 months of prescription
5.	Report any adverse effects to the MHRA
6.	Patients should be told that it might take longer than usual to stop bleeding when they take prasugrel (in combination with ASA), and that they should report any unusual bleeding (site or duration) to their doctor.

Patient / Carer role	
1.	Informing the specialist team, primary care prescriber or other healthcare professional if he or she has further questions or wants more information about the treatment
2.	Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products.
3.	Sharing any concerns about their treatment and problems they are having taking their medicines with the specialist team, primary care prescriber or other healthcare professional involved in their care
4.	Supported to know how to report any adverse effects to the specialist team, primary care prescriber or other healthcare professional involved in their care, and how adverse effects can be managed
5.	To be available for monitoring as required
6.	Attend follow-up appointments with the consultant / specialist

Key information on the medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of medicine for the given indication
Acute coronary syndromes refers to a group of symptoms associated with acute myocardial ischaemia with or without infarction. Acute coronary syndromes are usually the result of an acute or sub-acute primary reduction of myocardial oxygen supply provoked by disruption of an atherosclerotic plaque (build-up of material in a heart vessel) associated with inflammation, thrombosis, vasoconstriction and microembolisation. Prasugrel is an oral inhibitor of platelet activation and aggregation. It works by the irreversible binding of its active metabolite to the P2Y12 class of adenosine diphosphate receptors on platelets.

Indication
For those patients who are resistant to clopidogrel:

Prasugrel, co-administered with aspirin is indicated for the prevention of atherothrombotic events in patients with acute coronary syndrome (i.e., unstable angina, non-ST segment elevation myocardial infarction [UA/NSTEMI] or ST segment elevation myocardial infarction [STEMI]) undergoing primary or delayed percutaneous coronary intervention (PCI).

Prasugrel should be initiated with a single 60 mg loading dose and then continued at 10 mg once a day. Patients taking prasugrel should also take aspirin daily (75 mg to 325 mg). Patients with a body weight under 60kg should receive a maintenance dose of 5mg once a day. (Efient 5mg and 10mg tablets SPC http://www.medicines.org.uk/emc/medicine/21504. Accessed 6.2.17)

The use of prasugrel in patients ≥ 75 years of age is generally not recommended, however, if treatment is deemed necessary a reduced maintenance dose of 5 mg should be prescribed.

Dosage and Administration
See current Summary of Product Characteristics (SPC): www.medicines.org.uk

Expected outcome
Prevention of atherothrombotic events in people with acute coronary syndromes having percutaneous coronary intervention

Monitoring - There are no routine tests to be performed

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk