Editorial

Prasugrel
The Real-Life Perspective

Victor Serebruany, MD, PhD; Dan Atar, MD

The unequivocal importance of platelet inhibition for prevention of secondary occurs...
There may be a type of a spill-over phenomenon in play based on different medications. In this particular case, if physicians are used to prescribing clopidogrel to patients without acute coronary syndrome, then their switch to prasugrel may erroneously lead to the same prescription pattern. Such substitution may be motivated by reports that document more homogenous platelet inhibition of prasugrel as compared with clopidogrel, even in cohorts that have been tested for CYP2C19 genotype variations.

There are practical opportunities to improve quality of prescription of new drugs. Electronic systems that are incorporated into patient chart software, used for filling prescriptions by electronic means, may be potentially helpful. They might alert the prescribing physicians in case indications are used to prescribing clopidogrel to patients without acute coronary syndrome. First, the recent TRILOGY-ACS trial in noninvasive medically managed patients showed no advantage of prasugrel over clopidogrel. Negative results of this trial will most likely predict further expansion of prasugrel beyond present indications. Second, the prasugrel patent will expire in 2017, making it highly unlikely that any other outcome-driven trial will be done with this agent. Therefore, contemporary registries from now on will represent the best available evidence in assessing the risk/benefit profile of prasugrel.

Disclosures
Dr Serebruany is listed as an inventor and received compensation for the issued US Patent “Method for treating vascular diseases with prasugrel” assigned to Lilly. He received funding for research studies with both prasugrel and clopidogrel. Dr Atar has received speakers honoraria from Astra-Zeneca and Sanofi-Aventis.

References

Key Words: Editorial • antiplatelet therapy • insurance • prasugrel • registry
Prasugrel: The Real-Life Perspective
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Circ Cardiovasc Qual Outcomes. 2013;6:253-254; originally published online May 14, 2013;
doi: 10.1161/CIRCOUTCOMES.113.000239
Circulation: Cardiovascular Quality and Outcomes is published by the American Heart Association, 7272
Greenville Avenue, Dallas, TX 75231
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Print ISSN: 1941-7705. Online ISSN: 1941-7713

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
http://circoutcomes.ahajournals.org/content/6/3/253

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