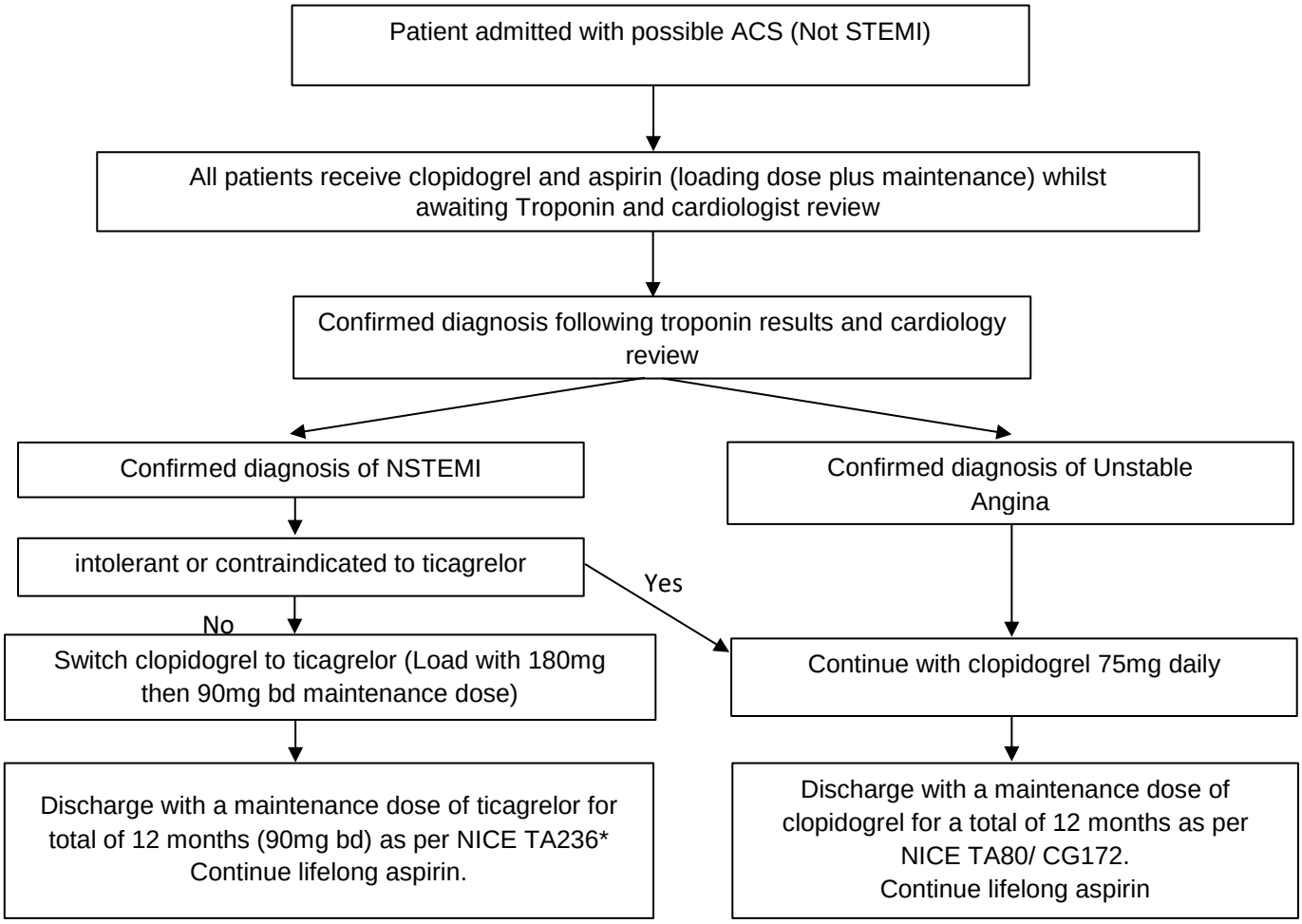
DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Use of Ticagrelor in patients with possible Acute Coronary Syndrome (ACS)



NB

- All patients with a confirmed diagnosis of NSTEMI should receive Ticagrelor, unless intolerant or contra-indicated (active pathological bleeding, history of intracranial haemorrhage, severe hepatic impairment or co-administration with strong CYP3A4 inhibitors e.g. ketoconazole, clarithromycin, nefazodone, ritonavir, atazanavir).
- Prasugrel is a treatment option in NSTEMI (as per NICE TA317). Follow cardiologist advice. SPC advices caution and reduced maintenance dose of 5mg in patients age over 75 years or weighing less than 60kg. Prasugrel is contraindicated in patients with history of stroke or TIA.
- The initiation of Ticagrelor should be restricted to cardiologists therefore cardiologist review should be facilitated. Ticagrelor should be given to this patient group regardless of any revascularisation strategy, if deemed appropriate by the cardiologist.
- Dual antiplatelet therapy is generally given for 12 months post CABG (follow advice from surgical team).
- For patients requiring anticoagulation, follow specific advice of Cardiologist

*The option to continue ticagrelor 60mg bd for up to further 3 years following 12 months treatment at 90mg bd (in accordance with NICE TA420) is reserved for highly selected patients usually with recurrent events and on advice of a Consultant Cardiologist.

This flowchart should be used alongside the different product prescribing information.

The NTNCC acknowledge the work of the WYCN in developing this protocol and sharing this work
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