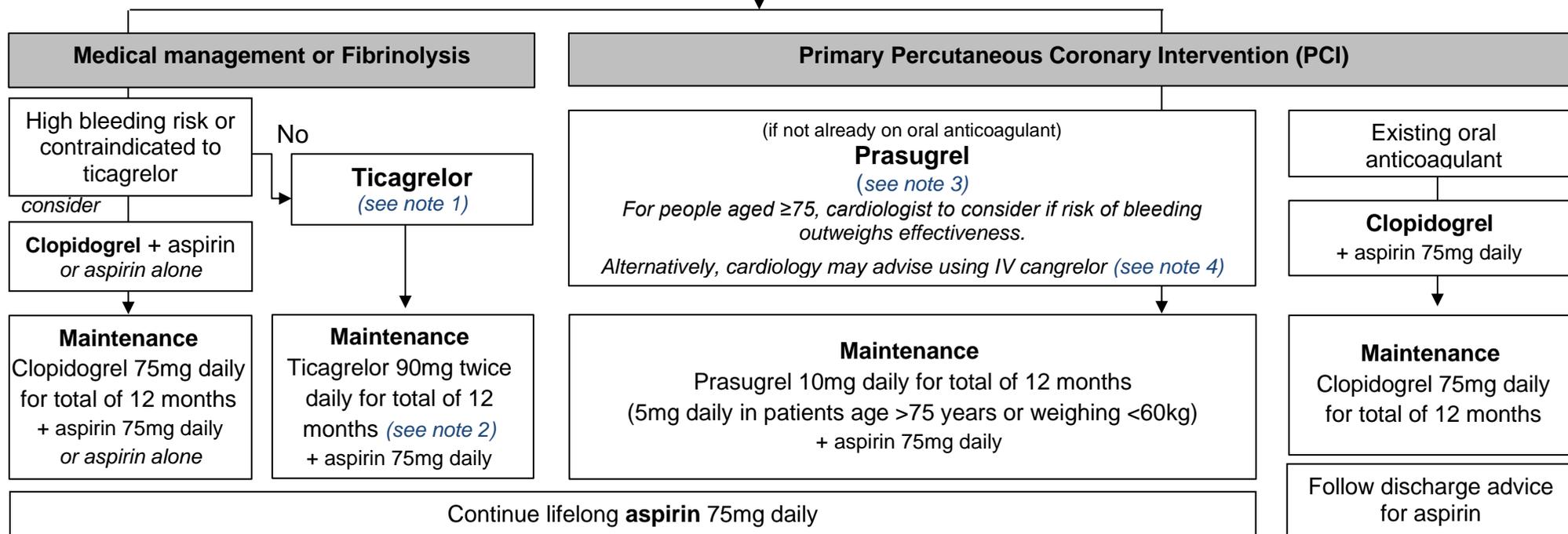


ACS Dual antiplatelet therapy in patients with STEMI

Offer 300mg loading dose aspirin as soon as possible

Cardiologist review (immediately assess eligibility for reperfusion therapy)



Notes

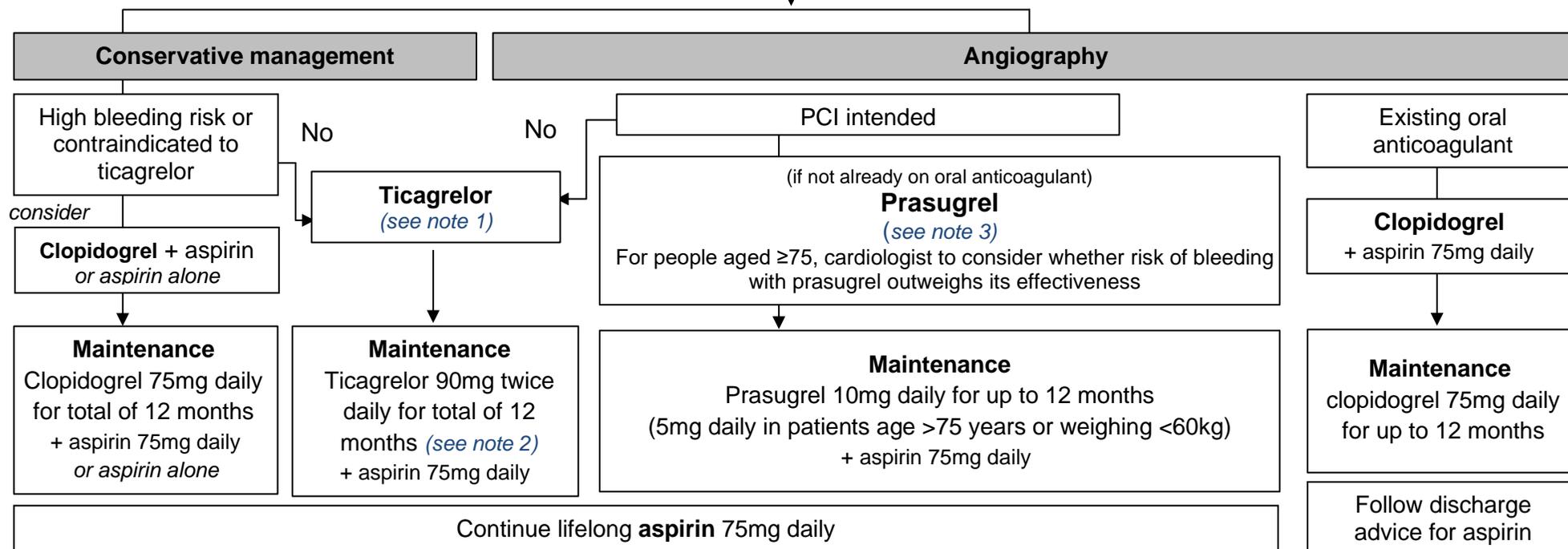
1. Ticagrelor is contraindicated in active pathological bleeding, history of intracranial haemorrhage, severe hepatic impairment or co-administration with strong CYP3A4 inhibitors e.g. ketoconazole, clarithromycin, nefazodone, ritonavir, atazanavir.
2. The option to continue ticagrelor 60mg bd for up 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.
3. Prasugrel is contraindicated in patients with history of stroke or TIA, severe hepatic impairment (Child Pugh class C), or active pathological bleeding.
4. Cardiology consultant may advise using IV cangrelor in UHDB catheter lab in patient with vomiting or unconsciousness.

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

ACS Dual antiplatelet therapy in patients with NSTEMI/ unstable angina

Offer 300mg loading dose aspirin as soon as possible

Cardiologist review- confirmed diagnosis of NSTEMI or Unstable Angina following troponin results  
Predict 6-month mortality (GRACE & BNP) and risk of cardiovascular events. Balance possible benefits of treatment against bleeding risk.



Notes

1. Ticagrelor is contraindicated in active pathological bleeding, history of intracranial haemorrhage, severe hepatic impairment or co-administration with strong CYP3A4 inhibitors e.g. ketoconazole, clarithromycin, nefazodone, ritonavir, atazanavir.
2. 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.
3. Prasugrel is contraindicated in patients with history of stroke or TIA, severe hepatic impairment (Child Pugh class C), or active pathological bleeding.

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

### **Prescribing advice**

- Ticagrelor and prasugrel are Green after cardiologist initiation only.
- Stop dates for ticagrelor, clopidogrel and prasugrel should be stated on discharge and documented in the patient notes and in the repeat prescribing section of patient medication records.
- There is no interaction between proton pump inhibitors and either ticagrelor or prasugrel; these should be used in those at increased risk of bleeding. If a PPI is required with clopidogrel lansoprazole is the preferred option
- Dual antiplatelet therapy is generally given for 12 months post CABG (follow advice from surgical team).

### **Antiplatelet therapy with an indication for anticoagulation**

*For patients requiring anticoagulation, follow specific advice from cardiologist.*

Do not routinely offer prasugrel or ticagrelor with an anticoagulant needed for a separate indication.

If already on anticoagulation:

- continue and offer clopidogrel (to replace prasugrel or ticagrelor) for up to 12 months if the person has PCI
- continue and consider continuing aspirin for up to 12 months (clopidogrel if aspirin contraindicated) if no PCI and not at high bleeding risk

For a new indication for anticoagulation, offer oral anticoagulant and:

- clopidogrel (to replace prasugrel or ticagrelor) for up to 12 months if the person has had PCI
- aspirin (clopidogrel if aspirin contraindicated) for up to 12 months if no PCI

### **Reference**

NICE NG185 Acute coronary syndromes (2020) <https://www.nice.org.uk/guidance/ng185>

Stefanie Schüpke et al. Ticagrelor or Prasugrel in Patients with Acute Coronary Syndromes N Engl J Med 2019; 381:1524-1534

<https://www.nejm.org/doi/full/10.1056/NEJMoa1908973>

NICE TA317 Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes (2014) <https://www.nice.org.uk/guidance/ta317>

NICE TA236 Ticagrelor for the treatment of acute coronary syndromes (2011) <https://www.nice.org.uk/guidance/ta236>

NICE ESNM63 Coronary revascularisation: cangrelor. (2015) <https://www.nice.org.uk/advice/esnm63/chapter/Key-points-from-the-evidence>