

* Currently unlicensed dose based on OASIS-7 trial

NHS Tayside Cardiology Service
Prepared by: Gordon Thomson/Peter Currie
(February 2010)
Review date: February 2011

ANGIOPLASTY REQUIRED

Primary/rescue PCI

Non-emergency PCI

Has the patient been taking aspirin and clopidogrel for at least 7 days prior to admission?

YES

NO

Is the patient >75 yrs old?
 OR
 Does the patient weigh <60kg?
 OR
 Does the patient have a history of TIA/Stroke?

YES

NO

Has the patient had a stent inserted previously?

YES

NO

Switch to **prasugrel** at discretion of operator.

Single dose prasugrel 60mg in Cath Lab then 10mg daily for 12 months. State stop date on discharge. Aspirin 75mg for life.

Repeat loading dose of **clopidogrel** 300-600mg at discretion of operator or if doubts about compliance

Clopidogrel 150mg daily for 7 days, then 75mg daily as below
 BMS – 3 months
 DES – 12 months
 State stop date on discharge. Aspirin 75mg for life.

Aspirin and **clopidogrel** 75mg daily for at least 7 days prior to intervention, followed by **clopidogrel** 150mg daily for 7 days*, then continuing on 75mg daily as below
 BMS – 3 months
 DES – 12 months
 State stop date on discharge.
 Aspirin 75mg daily lifelong.

Aspirin 300mg then 75 mg daily lifelong plus **clopidogrel** 300–600mg single dose, followed by 150mg daily for 7 days*, then continuing on 75mg daily as below
 BMS – 3 months
 DES – 12 months
 State stop date on discharge

Aspirin 300mg then 75mg daily lifelong plus **prasugrel** 60mg in Cath Lab then 10mg daily for 12 months
 State stop date on discharge.

Other indications for prasugrel

- Patients with threatened or actual significant stent thrombosis
- Patients intolerant of clopidogrel e.g rash. Prasugrel **is not** appropriate in patients unable to tolerate clopidogrel due to g.i.symptoms. The risk of bleeding is **higher** than with clopidogrel
- Patients with severe G.I disease who require ongoing treatment with a PPI after discussion between a cardiologist and gastroenterologist