

* Currently unlicensed dose based on OASIS – 7 trial

NHS Tayside Cardiology Service
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ANGIOPLASTY REQUIRED

Primary/rescue PCI

Non-emergency PCI

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 – min. 3 months / DES – min. 12 months
 State stop date on discharge.
 Aspirin 75mg daily lifelong.

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

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 summary

Consider aspirin 300mg then 75mg daily lifelong plus **prasugrel** 60mg in Cath Lab then 10mg daily for 12 months **or treat with clopidogrel as for primary PCI above.** State stop date on discharge summary

Has the patient had a stent inserted previously or have evidence of acute stent thrombosis?

YES

NO

Switch to **prasugrel** at discretion of operator. Consider **ticagrelor** – see box below †.

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 – min 3 months / DES – min 12 months
 State stop date on discharge. Aspirin 75mg for life.

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

† Ticagrelor

Consider **ticagrelor** (180mg single dose followed by 90mg twice daily for 12 months) in place of **prasugrel** in high risk PCI at discretion of operator and in the following circumstances:

- Patient >75yo
- Weight <60kg
- History of previous TIA/stroke