This guideline was created by Intermountain’s Cardiovascular Clinical Program, based on multiple publications and expert opinion. It outlines recommendations for antiplatelets and anticoagulants before and after stent placement in elective PCI and in acute coronary syndrome treatment.

**ANTIPLATELET / ANTICOAGULANT RECOMMENDATIONS**

Appropriate medications are based on the treatment situation (elective PCI or acute coronary syndrome), on whether or not the patient is effectively preloaded with a P2Y₁₂ inhibitor (clopidogrel/Plavix, prasugrel/Effient, or ticagrelor/Brilinta) and on the patient’s restenosis vs. bleeding risk levels.

<table>
<thead>
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<th>Table 1. Antiplatelets/anticoagulants for stent placement</th>
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<td><strong>Situation</strong></td>
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| Elective PCI  | Not relevant    | • Aspirin 325 mg  
• P2Y₁₂ loading:*  
• Clopidogrel 600 mg or for high-risk patients, consider Prasugrel 60 mg or Ticagrelor 180 mg  
• Bivalirudin or for high-risk patients, consider GP IIB/IIIa antagonist† and UFH | • Aspirin 81 mg or 325 mg daily  
(81 mg daily if on ticagrelor)  
• P2Y₁₂ inhibitor maintenance (see dosing guidelines below and function testing guidelines on p. 2) |
| Acute Coronary Syndrome (ACS), including STEMI, NSTEMI | NO P2Y₁₂ inhibitor effect | • Aspirin 325 mg  
• P2Y₁₂ loading*:  
• Ticagrelor 180 mg or  
• Prasugrel 60 mg (if NSTEMI, administer after coronary anatomy defined) or  
• Clopidogrel 600 mg (if Prasugrel and Ticagrelor are contraindicated)  
• GP IIB/IIIa antagonist† and UFH | |
| Currently taking P2Y₁₂ inhibitor or effectively LOADED* | | • Aspirin 325 mg  
• Bivalirudin (preferred) or for high-risk patients, consider GP IIB/IIIa antagonist† and UFH | |

*Effective P2Y₁₂ loading: Clopidogrel: 600 mg dose given ≥4 hours prior to stent. Prasugrel: 60 mg dose given ≥2 hours prior to stent. Ticagrelor: 180 mg dose given ≥2 hours prior to stent.

† GP IIB/IIIa antagonist (eptifibatide/tirofiban/abciximab): May consider discontinuing 4 hrs after clopidogrel load or 2 hrs after prasugrel or ticagrelor load. However, consider infusing up to 12–18 hours for highest risk cases. For ACS patients on upstream GP IIB/IIIa agent, consider continuing in the peri-stent period.

**P2Y₁₂ DOSING GUIDELINES**

- **Clopidogrel (Plavix):** 600 mg load, then 75 mg daily
- **Prasugrel (Effient):**
  - **Indications:** Consider using if patient is high risk, STEMI, diabetic, or has a history of stent thrombosis.
  - **Contraindications:** Do NOT use if history of stroke/TIA.
  - **Dose** based on age and weight:  
    - Age < 75 and weight ≥ 60 kg: 60 mg load, then 10 mg daily  
    - Age > 75 or weight <60 kg: 60 mg load, then 5 mg daily
- **Ticagrelor (Brilinta):**
  - **Indications:** Consider using if high risk, ACS, diabetes, or history of stent thrombosis; preferred over prasugrel if history of stroke, but clopidogrel may be first choice with history of stroke/TIA.
  - **Contraindications:** Do NOT use if active bleeding or history of intracranial hemorrhage
  - **Dose:** 180 mg load, then 90 mg twice daily
  - **Concurrent aspirin dose:** must use only 81 mg daily maintenance dose after 325 mg load
These guidelines apply to common clinical circumstances, and may not be appropriate for certain patients and situations. The treating clinician must use judgment in applying guidelines to the care of individual patients.