

Dual Antiplatelet (DAPT) Switching

| Intensification from clopidogrel to ticagrelor | De-escalation from ticagrelor to clopidogrel |
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| With ACS, who are initially treated with clopidogrel at presentation Admitted with thrombotic event (e.g. stent thrombosis or ACS), who have been treated with clopidogrel Who are known poor metabolizer of clopidogrel (e.g., CYP2C19 loss-of-function) | In patients with: Major bleeding complication that has resolved, who have additional high-risk clinical or angiographic features for thrombotic events, warranting completion of the prescribed course of DAPT Clinically relevant nuisance bleeding that interferes with patient's ability to continue ticagrelor Intolerance or side effects to ticagrelor in patients who do not have additional high-risk clinical or angiographic features for thrombotic events A new indication for requiring concurrent treatment with an oral anticoagulant |
| Loading Dose: 180 mg PO x 1 Maintenance Dose: 90 mg PO twice daily Timing: Regardless of the timing of the last clopidogrel dose | Loading Dose: Optional 300 mg (-600 mg*) PO x 1 Maintenance Dose: 75 mg PO once daily Timing: At next scheduled ticagrelor dose* *Short term (48 hours) pharmacodynamics advantage, might be relevant in early post-ACS/PCI period, if no bleeding risk *Extending to 24 hours post last ticagrelor dose may also be reasonable |

High-risk clinical and angiographic features for thrombotic events: Clinical: Before MI or troponin-positive ACS, DM treated with oral hypoglycemic or insulin, CKD (CrCl ≤ 60 mL/min), previous stent thrombosis, current smoker; Angiographic: Multiple stents (≥3 stents implanted, ≥3 lesions stented) or use of a biodegradable vascular scaffold, Long lesion length (>60 mm total stent length), complex lesions (bifurcation treated with 2 stents, stenting of chronic occlusion), left main or proximal LAD stenting, multivessel PCI

If switching between ticagrelor and prasugrel, refer to pages 221 and 222 of the <u>2018 Canadian Cardiovascular Society/Canadian Association of Interventional Cardiology Focused Update of the Guidelines for the Use of Antiplatelet Therapy</u>.