



Clopidogrel Poor Metabolizer Rules

Genetic testing has been performed and indicates this patient may be at risk for inadequate anti-platelet response to clopidogrel (Plavix®) therapy

This patient has been tested for CYP2C19 variants, and has identified the presence of two copies of a risk allele which is associated with poor metabolism of clopidogrel. Poor metabolizers treated with clopidogrel at normal doses exhibit higher rates of stent thrombosis/other cardiovascular events.

(See StarPanel for patient-specific CYP2C19 gene result.)

Treatment modification is recommended if not otherwise contraindicated:

- Prescribe prasugrel (EFFIENT) 10 mg daily and stop clopidogrel (PLAVIX), startdate 10 AM
- C Prescribe ticagrelor (BRILINTA) 180 mg x1 dose, startdate 10 AM, followed by 90 mg twice daily

Prasugrel should not be given to patients:

- that have a history of stroke or transient ischemic attack**** Please check StarPanel if unsure
- that are greater than 75 years of age
 whose body weight is less than 60 kg

Ticagrelor should not be given to patients:

- that have a history of severe hepatic impairment or intracranial bleed *** Please check StarPanel if unsure
- Click here for more information

If prasugrel (EFFIENT) or ticagrelor (BRILINTA) are not selected, please choose desired action:

C Maintain requested daily dose of clopidogrel (PLAVIX) 75 mg daily, startdate 10AM



NOTE: The Vanderbilt P&T Committee recommends that prasugrel or ticagrelor replace clopidogrel for poor metabolizers unless contraindicated, if feasible. The guidelines above were developed based on outcome studies of patients who received a drug-eluting stent into a coronary artery.





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- that have a history of severe hepatic impairment or intracranial bleed *** Please check StarPanel if unsure
- Click here for more information

If prasugrel (EFFIENT) or ticagrelor (BRILINTA) are not selected, please choose desired action:

C Maintain requested daily dose of clopidogrel (PLAVIX) 75 mg daily, startdate 10AM



NOTE: The Vanderbilt P&T Committee recommends that prasugrel or ticagrelor replace clopidogrel for poor metabolizers unless contraindicated, if feasible. The guidelines above were developed based on outcome studies of patients who received a drug-eluting stent into a coronary artery.

Drug-Genome Advisor Intermediate Metabolizer - clopidogrel (Plavix) - Rare Risk Allele Substitution recommended due to increased cardiovascular risks If not otherwise contraindicated: □ Prescribe prasugrel (Effient) 10 mg daily Prasugrel should not be given to patients: history of stroke or transient ischemic attack >= 75 years of age [Current patient age: 51] with body weight < 60 kg [Current patient weight: 59.0 kg as of 10/12/2012] Prescribe ticagrelor (Brilinta) 90 mg twice daily Ticagrelor should not be given to patients: history of severe hepatic impairment intracranial bleed ☑ Continue with clopidogrel (Plavix) prescription Primary override reason: Contraindicated for prasugrel or ticagrelor Potential side effects Provider/Patient opts for clopidogrel □ Cost Evidence Link



Clopidogrel Intermediate Metabolizer Rules

Genetic testing has been performed and indicates this patient may be at risk for inadequate anti-platelet response to clopidogrel (Plavix®) therapy

This patient has been tested for CYP2C19 variants, and has identified the presence of one copy of a risk allele which is associated with intermediate metabolism of clopidogrel. Intermediate metabolizers treated with clopidogrel at normal doses exhibit higher rates of stent thrombosis/other cardiovascular events.

(See StarPanel for patient-specific CYP2C19 gene result.)

Treatment modification is recommended if not otherwise contraindicated:

- Prescribe prasugrel (EFFIENT) 10 mg daily and stop clopidogrel (PLAVIX), startdate 10 AM
- Prescribe ticagrelor (BRILINTA) 180 mg x1 dose, startdate 10 AM, followed by 90 mg twice daily

Prasugrel should not be given to patients: • that have a history of stroke or transient ischemic attack*** Please check StarPanel if unsure that are greater than 75 years of age · whose body weight is less than 60 kg Ticagrelor should not be given to patients: . that have a history of severe hepatic impairment or intracranial bleed *** Please check StarPanel if unsure Click here for more information

If prasugrel (EFFIENT) or ticagrelor (BRILINTA) are not selected, please choose desired action:

C. Maintain requested daily dose of clopidogrel (PLAVIX) 75 mg daily, startdate 10AM



NOTE: The Vanderbilt P&T Committee recommends that prasugrel or ticagrelor replace clopidogrel for intermediate metabolizers unless contraindicated, if feasible. If this is not possible maintain standard dose of clopidogrel. The guidelines above were developed based on outcome studies of patients who received a drug-eluting stent into a coronary artery.