Management Algorithm for Dual Antiplatelet Therapy in Patients Receiving Percutaneous Coronary Intervention

**Planned PCI (non-ACS)**
- ASA 325 mg x 1, then ASA 81 mg daily
- Continue indefinitely

**Acute Coronary Syndrome**
- ASA 325 mg x 1, then ASA 81 mg daily
- Continue indefinitely

**Perform Risk Stratification**

**High risk if ≥ 1 of the following:**
- Proximal RCA, LAD, or dominant circumflex
- Left main or SVG

- **Low Risk**
- **High Risk**

**Order CYP2C19 Genotype**

**Evaluate for prasugrel contraindications**
- Contraindicated if prior CVA/TIA
- Evaluate risk versus benefit if age ≥ 75 years or weight < 60 kg

- **Yes**
  - Clopidogrel 600 mg x 1, then 75 mg daily

- **No**
  - Prasugrel 60 mg x 1, then 10 mg daily

**Follow-up on CYP2C19 genotype result**

- *1 or *1*17
- *17 * 17
- Any *2 or *3

**Evaluate Bleeding Risk**

(Risk factors include age, organ dysfunction, history of bleeding, stroke, or uncontrolled hypertension, alcohol or drug use, concomitant anticoagulant therapy)

- **Low Risk**
  - Clopidogrel 75 mg daily
    - Continue for at least 12 months

- **High Risk**
  - Ticagrelor 90 mg twice daily
    - Continue for at least 12 months

  - Prasugrel 10 mg daily
    - Continue for at least 12 months

PCI percutaneous coronary intervention, ACS acute coronary syndrome, ASA aspirin, RCA right coronary artery, LAD left anterior descending, SVG saphenous vein graft, CVA cerebrovascular attack, TIA transient ischemic attack

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