

## Guidelines for the Prescribing of Prasugrel

### 1. BACKGROUND

Prasugrel is an inhibitor of platelet activation and aggregation through the irreversible binding of its active metabolite to the P2Y<sub>12</sub> class of ADP receptors on platelets. Since platelets participate in the initiation and/or evolution of thrombotic complications of atherosclerotic disease, inhibition of platelet function can result in the reduction of the rate of cardiovascular events such as death, myocardial infarction, or stroke.

Co-administered with aspirin, prasugrel is licensed for the prevention of atherothrombotic events in patients with acute coronary syndrome undergoing primary or delayed percutaneous coronary intervention (PCI).

### 2. INDICATION

Within Hull and East Riding, prasugrel will be prescribed for prevention of atherothrombotic events in patients with ACS undergoing percutaneous coronary intervention (PCI), in the following circumstances

- I. Loading dose for in-patients with acute STEMI and NSTEMI undergoing PCI who are unsuitable for treatment with ticagrelor
- II. On-going treatment (in combination with aspirin 75mg) in patients who are unsuitable for treatment with ticagrelor AND with allergy to clopidogrel, or where there is a history of stent thrombosis during treatment with clopidogrel. Or where patient is taking concomitant long term medications that interact with ticagrelor or clopidogrel, such as carbamazepine for epilepsy.

### 3. DOSE / DURATION

- I. **Loading dose:** 60mg once only (dose may be repeated where PCI is delayed for more than 24 hours after initial dose administered)
- II. **10 mg daily for 12 months:**  
Dose reduced to 5mg daily in patients less than 60kg or 75years and over (due to increased risk of bleeding in these groups).  
Premature discontinuation should be avoided – discuss with cardiologist if this is being considered

### 4. CONTRAINDICATIONS/CAUTIONS

Prasugrel is contraindicated in patients with active bleeding, history of stroke or TIA, severe hepatic impairment, and is generally not recommended in those who are ≥75 years or ≤60kg.

Caution in patients with increased bleeding risk, including concomitant medications increasing this risk. No dose reduction is needed in mild to moderate liver impairment, and no dose reduction is required in renal impairment, although there is limited experience in these patient groups, and such patients may be at increased risk of bleeding.

## 5. ADVERSE EFFECTS

Most commonly reported side effects ( $\geq 1/100$  to  $< 1/10$ ) are bleeding including GI haemorrhage, epistaxis, haematuria, anaemia, puncture site haemorrhage, haematoma and rash. Hypersensitivity, including angioedema have been reported in patients receiving prasugrel (frequency uncommon), including patients with allergic reactions to clopidogrel. Thrombotic thrombocytopenic purpura has also been reported (frequency unknown)

**For further information including full details of contraindications, cautions, drug interactions and adverse effects always check with BNF [www.bnf.org.uk](http://www.bnf.org.uk) or SPC ([www.medicines.org.uk](http://www.medicines.org.uk)).**

## 6. INFORMATION TO PATIENT

Patients should be advised of benefits and risks of treatment, including signs of bleeding and of need to inform health care staff that they are taking prasugrel before any surgery is scheduled, and before taking any new medicine.

## APPROVAL PROCESS

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