Gloucestershire Hospitals NHS
NHS Foundation Trust

Ticagrelor (Brilique®) Information

Indications

- Primary percutaneous coronary intervention (PPCI), in combination with aspirin, where prasugrel is unsuitable (see prasugrel information)
- Alternative to clopidogrel in NSTEMI (e.g. clopidogrel allergy, clopidogrel failure), where prasugrel is unsuitable (see prasugrel information) .
- Monotherapy in patients who are unsuitable for dual antiplatelet therapy due to definite aspirin allergy, where prasugrel is unsuitable (see prasugrel information).

Contraindications

- History of intracranial haemorrhage
- Moderate to severe hepatic impairment
- Co-administration with strong CYP3A4 inhibitors (e.g. ketoconazole, clarithromycin, ritonavir, and atazanavir)
- Co-administration with strong CYP3A4 inducers (e.g. rifampicin, phenytoin, carbamazepine and phenobarbital)

Cautions

- Risk factors for bleeding
- Discontinue ticagrelor 3 days before elective surgery
- Risk factors for bradycardia (e.g. sick sinus syndrome, 2nd or 3rd degree AV block)
- Asthma/COPD (these patients may be at higher risk of dyspnoea secondary to ticagrelor)
- Hyperuricaemia (ticagrelor may exacerbate associated conditions)

Adverse Effects (for full list see SPC)
Common adverse effects include: dyspnoea, bruising, bleeding.

Interactions (for full list see SPC)

- Avoid concomitant strong CYP3A4 inhibitors (e.g. ketoconazole, clarithromycin, ritonavir, and atazanavir)
- Avoid concomitant strong CYP3A4 inducers (e.g. rifampicin, phenytoin, carbamazepine and phenobarbital)
- Use with caution in patients taking verapamil and quinidine (increase ticagrelor exposure)
- Plasma digoxin level increased by ticagrelor (30% to 2-fold). Monitor levels.

Dose

- **Loading dose: 180mg stat**
- **Maintenance dose: 90mg BD** (Start 12 hours after loading dose. If loading dose given before midday, give first maintenance dose that evening. If loading dose given after midday, give first maintenance dose on the following morning).

Renal function should be checked one month after starting ticagrelor and periodically thereafter according to routine medical practice.

Duration of therapy
In general, ticagrelor should be continued for 12 months. For high-risk patients, the Interventionist may recommend 90mg bd for 12 months followed by 60mg bd for a further 3 years.