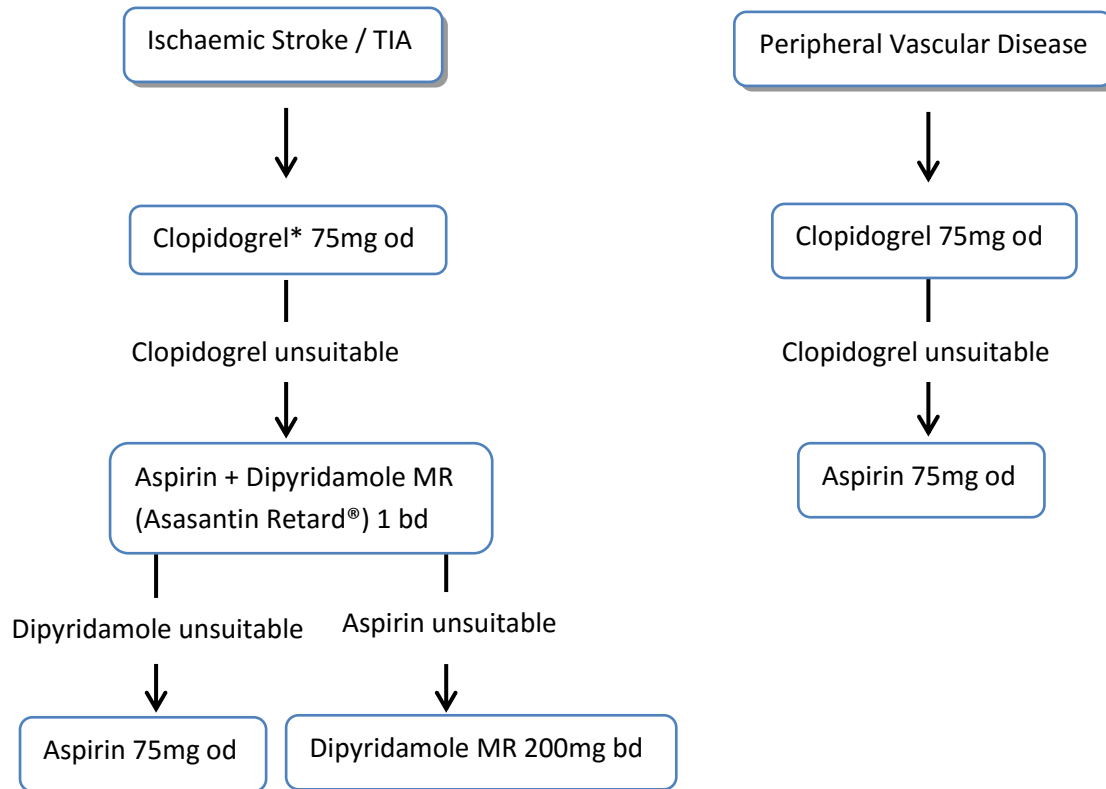


Antiplatelets for the Prevention of Occlusive Vascular Events (following acute phase of treatment)



Indication	Antiplatelet	Duration
STEMI (treated with Primary PCI)	Aspirin 75mg od <i>PLUS</i> Ticagrelor 90mg bd	Indefinitely 12 months (local info)
STEMI (no Primary PCI)	Aspirin 75mg od <i>PLUS</i> Clopidogrel 75mg od	Indefinitely 12 months
NSTEMI	Aspirin 75mg od <i>PLUS</i> Clopidogrel 75mg od	Indefinitely 12 months
Unstable Angina (treated with PCI)	Aspirin 75mg od <i>PLUS</i> Clopidogrel 75mg od	Indefinitely 12 months
Unstable Angina (no PCI performed)	Aspirin 75mg od	Indefinitely

Adapted from NICE [TA210](#). **Note:** this guideline does not include the acute phase of treatment (see separate guidelines).

* The recommendation to prescribe clopidogrel first-line for TIA is based on local stroke specialists' expert opinion, whilst recognising that TIA is not a licensed indication.

- Stroke Patients currently prescribed Asasantin® who have a further stroke or TIA should be changed to clopidogrel if tolerated.
- Other stroke or TIA patients currently prescribed Asasantin® should be considered for a change to clopidogrel on review.
- The choice of antiplatelet for patients on clopidogrel who have subsequent strokes or TIAs will be based on individual patient assessment.
- Patients who require 'dual antiplatelet therapy' (e.g. clopidogrel and aspirin) post MI who were previously taking clopidogrel for Stroke/TIA/PVD should continue with clopidogrel monotherapy after 12 months of dual antiplatelet therapy.