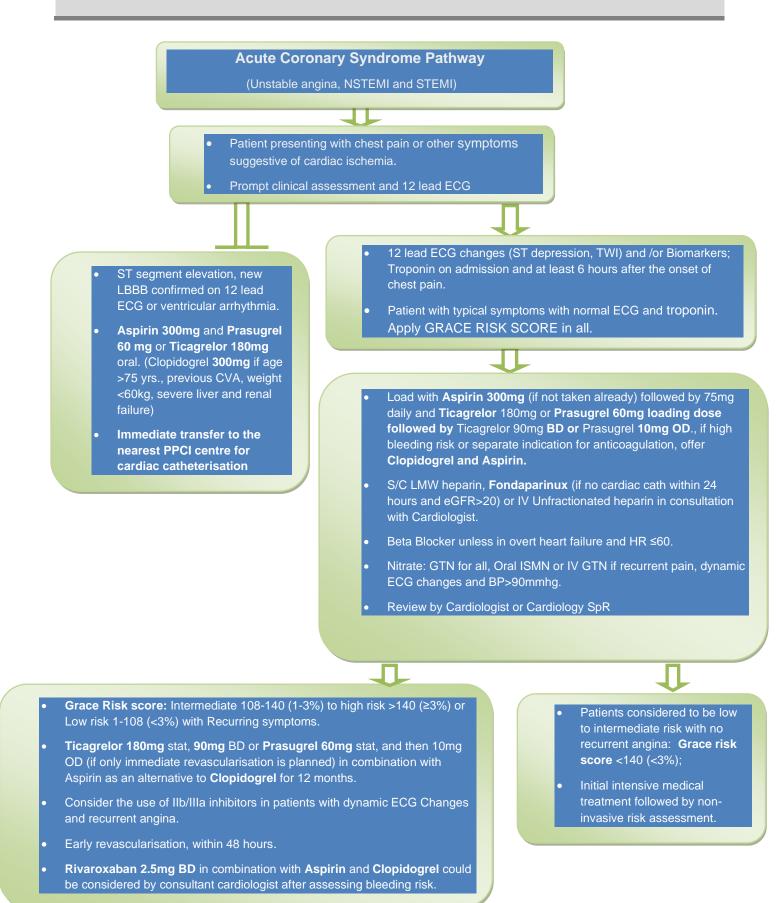
## TITLE: ACUTE CORONARY SYDROME PATHWAY



Prasugrel is not recommended in patient who are:

- >75 years old
- weigh <60kg
- a history of TIA or stroke and in medically managed ACS.

Risk of bleeding should be assessed.

Ticagrelor requires dose adjustment for renal impairment.

It is contraindicated in severe hepatic failure and concomitant potent CYP3A4 inhibitors (e.g., ketokonasole, Clarithromycin, Ritonavir, Atazanavir, nefazodone, Nefazodone) use. Ticagrelor should be used with caution in heart block and COPD/Asthma.

The use of Rivaroxaban in combination with Aspirin and Clopidogrel is not recommended in patients with his history of CVA/TIA

## Amendments from previous version(s)

Version	Issue Date	Section(s) involved (author to record section number/ page)	Amendment (author to summarise)
5.0	July 2024	Whole document – planned review undertaken	No changes in practice

## TITLE: ACUTE CORONARY SYNDROME PATHWAY

Document Category:	CLINICAL						
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5.0	3 <sup>r</sup>	<sup>d</sup> July 2024	June 2024				
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Approved by (committee/group):	Cardiology C Medicine Divi	G Meeting ision CG Meeting	Date Approved:	12.06.2024 26.06.2024			
Scope/ Target Audience: (delete as applicable and/ or describe)	Specialty/ Department Cardiology						
Evidence Base/ References:	<ul> <li>NICE Guidance-</li> <li>Ticagrelor for the treatment of acute coronary syndromes (TA236)2011</li> <li>Unstable angina and NSTEMI: early management (CG94)2010</li> <li>Myocardial infarction with ST-segment elevation: acute management (CG167)2013</li> </ul>						
Lead Division:	Medicine						
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Name the documents here or record not applicable							
(these are documents which are usually developed or reviewed/ amended at the same time – ie a family of doc Associated Policy N/A							
Associated	N/A						
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