AMBER GUIDANCE FOR PRESCRIBING OF PRASUGREL

1. Background

Prasugrel is an inhibitor of platelet activation and aggregation through the irreversible binding of its active metabolite to the $P2Y_{12}$ 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 Humber places, 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). The end date/course length will be specified within initial discharge letter.

Premature discontinuation should be avoided – discuss with cardiologist if this is being considered

4. Contraindications and 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. **Consider gastro protection in patients with risk factors for increased bleeding 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

Adverse effects (≥ 1/100 to < 1/10)	Action for GP
GI Haemorrhage	Consider stopping and refer back to specialist based on clinical judgement of amount/severity
Epistaxis	
Haematuria	
Bruising	
Anaemia	Amount/severity. Anaemia is common. Check for signs of bleeding (melaena) but treat as normal.
Skin reactions	Skin reactions are common. If thought to be related to hypersensitivity stop and discuss with cardiology

6. Drug interactions

The following drugs are known or suspected interactions:	
Interacting Drug	Advice
NSAIDs or COX-2 inhibitors e.g. etoricoxib	Increased risk of bleeding; co-administration not advised
Warfarin	Increased risk of bleeding; co-administration not advised without specialist input
DOAC	Increased risk of bleeding; co-administration not advised. Discuss with specialist
Bupropion, cyclophosphamide and efavirenz	Prasugrel is a weak inhibitor of CYP2B6 and can affect metabolism of these drugs.

7. Pregnancy and Lactation

Limited information available.

8. Information for 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.

Document and version control	**This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the SPC (data sheet) or BNF for further prescribing information.**		
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