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Quick
Reference
Guide

Ticagrelor (Brilique®) antiplatelet: keypoints



Note: Always read the SPC on www.medicines.ie when unfamiliar with a new drug or its best use.

<http://medinfo>

Common side-effects

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Between **1 and 10% of patients experienced these side-effects in clinical trials: dyspnoea and bleeding complications** such as: epistaxis, gastrointestinal, procedural-site including **post CABG**, dermal.

Best use

- Acute coronary syndromes. STEMI for primary PCI, medical management of non-STEMI if going for PCI, elective PCI
- Load with 180mg**, then continue with **90mg BD** (recommended for up to **12 months**, particularly after revascularisation with a drug-eluting stent)
- Must use with aspirin (**75mg** to 150mg daily) as a dual antiplatelet particularly for patient's with a drug eluting stent
- 7 days** of a ticagrelor-free period is recommended before **elective surgery**. **Consult cardiology / anaesthetics** prior to stopping in patients with **stents/ischaemic events in the last 12 months**.

Contraindications include

- Intracranial haemorrhage
- Moderate/severe hepatic impairment
- Clarithromycin** and other **strong CYP3A4 inhibitors** such as some of the antiretrovirals

Selected Pharmacokinetic Interactions

Avoid if at all possible	Caution
Anticonvulsants (carbamazepine, phenobarbitone, phenytoin) substantially reduces ticagrelor concentrations ¹)	Best avoid maintenance aspirin doses in excess of 150mg/day (US data suggests that high dose maintenance doses of aspirin with ticagrelor may NOT be as efficacious ^{1,3})
Antiretrovirals and antifungals such as itraconazole and voriconazole (increases risk of bleeding due to increased exposure to ticagrelor-CYP3A4)	Atorvastatin modest CYP3A4 inhibition possible (monitor for statin toxicity if using). If a statin is required consider an alternative such as pravastatin or possibly rosuvastatin.
Clarithromycin (increases risk of bleeding due to increased exposure to ticagrelor-CYP3A4)	Cytochrome P4503A inducers, inhibitors or substrates See manufacturers datasheet before prescribing . (e.g. some drugs commonly co-prescribed might include: e.g. diltiazem, fluconazole)
Simvastatin or lovastatin : contraindicated in doses greater than 40mg due to potential for statin toxicity	Bradycardia - limited clinical experience in this patient population (monitor closely).
Dexamethasone (substantially reduces ticagrelor concentrations-CYP3A4 ¹)	Digoxin may accumulate (monitoring of patient advised remembering it may take ~5-10 days to accumulate fully).
Rifampicin (substantially reduces ticagrelor concentrations-CYP3A4 ¹)	Verapamil , ciclosporin, quinidine: These PGP inhibitors may increase ticagrelor exposure. The manufacturers have no data on concomitant use (caution if use cannot be avoided ++)

For a comprehensive summary refer to www.medicines.ie. Substantial differences exist between European and US Prescribing Datasheets (SPCs)

Reference: In addition to the SPC on www.medicines.ie: 1. "Ticagrelor". Dynamed monograph. Accessed from www.hselibrary.ie 12/7/2013.
2. "Brilinta REMS document". FDA. Published on FDA.org at <http://tinyurl.com/Ticagrelor> 3. "Ticagrelor NDA 22-433 Briefing Document for Cardiovascular and Renal Drugs Advisory Committee Meeting". Link published at <http://tinyurl.com/ticagrelorFDA>. 23 June 2010.



pk1 Algorithm for
antiplatelet choice
kidd_p, 28/06/2013