

Guidance for Prescribing Clopidogrel

This guidance has been produced to ensure that protocols around the prescribing of clopidogrel are standardised across the sector.

Where prescribing of clopidogrel is outside the guidance:

- *the reasons should be fully documented in the patients' notes (including communications to GP)*
- *where shared care is to be agreed, the hospital doctor should contact the GP to explain the reasons for prescribing outside the guidelines and provide the GP the opportunity to decide if they are in agreement to take on the prescribing responsibility for clopidogrel outside the guidelines*
- *where shared care is not agreed the prescribing responsibility should remain with the initiating hospital doctor.*

In all situations, discharge summaries and communications from secondary care to primary care should include the indication for clopidogrel being prescribed and the duration of treatment.

Licensed Indications¹

Clopidogrel is indicated for the prevention of atherothrombotic events in:

- Patients suffering from:
 - ◆ myocardial infarction (from a few days until less than 35 days)
 - ◆ ischaemic stroke (from 7 days until less than 6 months)
 - ◆ established peripheral arterial disease
- Patients suffering from acute coronary syndrome:
 - ◆ Non-ST segment elevation acute coronary syndrome (unstable angina or non-Q-wave myocardial infarction), including patients undergoing a stent placement following percutaneous coronary intervention, in combination with aspirin
 - ◆ ST segment elevation acute myocardial infarction, in combination with aspirin in medically treated patients eligible for thrombolytic therapy.

The term acute coronary syndrome (ACS) is used to refer to any group of clinical symptoms associated with acute myocardial ischaemia. It encompasses a spectrum of disorders including acute myocardial infarction (MI) and unstable angina pectoris. ACS is usually the result of an acute or subacute primary reduction of myocardial oxygen supply provoked by disruption of an atherosclerotic plaque associated with inflammation, thrombosis, vasoconstriction and microembolisation².

NB. It is not licensed for occlusive vascular events associated with atrial fibrillation.

Contra-indications for clopidogrel: severe liver disease, active peptic ulcer disease, intracranial haemorrhage, breast feeding. See Summaries of Product Characteristics (SPC) for full details of contra-indications, cautions and adverse effects¹.

Both aspirin and clopidogrel cause a variety of GI adverse effects eg abdominal pain, dyspepsia, diarrhoea and nausea.

Note that where patients have more than one condition where combination treatment of aspirin and clopidogrel is indicated, the course length for the indication with the longer duration applies.

1. Non-ST-Segment Elevation ACS (Unstable angina and NSTEMI)^{2,3} [Licensed indication and NICE endorsed]

Dose	Clopidogrel 75mg daily in combination with aspirin 75mg daily
Duration	12 months after the event. Aspirin should then be continued. <i style="color: blue;">Duration of treatment must be clearly specified on discharge</i>
Initiating treatment	Hospital (discharged with 28 days supply)
Continuing treatment	GP
Termination of treatment	GP according to initial treatment plan from hospital

2. ST-Segment Elevation ACS (STEMI)¹⁴ [Licensed indication and NICE endorsed]

Dose	Clopidogrel 75mg daily in combination with aspirin 75mg daily
Duration	For at least 4 weeks and no longer than 12 months after the event. Aspirin should then be continued. <i style="color: blue;">Duration of treatment must be clearly specified on discharge</i>
Initiating treatment	Hospital (discharged with 28 days supply)
Continuing treatment	GP
Termination of treatment	GP according to initial treatment plan from hospital

3. Percutaneous Coronary Interventions (PCI): Post-Stent Insertion^{4,5,6} and “Plain Old Balloon Angioplasty” POBA [Unlicensed and consensus amongst local cardiologists]

The use of clopidogrel for these indications is **unlicensed** and the recommendations are based on published evidence where available and **consensus among local cardiologists**.
 The duration of combination treatment with aspirin is dependent on the type of stent inserted. The duration may also vary depending on the complexity of the disease, number of stents inserted and other factors. **Where the treatment course exceeds those in this guidance the clinical responsibility should remain with the hospital and communicated to the GP.**

Bare metal stents and POBA

Dose	Clopidogrel 75mg daily in combination with aspirin 75mg daily
Duration	1 month after stent insertion or POBA. Aspirin should then be continued.
Initiating treatment	Hospital
Continuing treatment	Not applicable-<i>Full course to be supplied by hospital</i>
Termination of treatment	As above

Drug eluting stents

Dose	Clopidogrel 75mg daily in combination with aspirin 75mg daily Patients having PCI with ACS will already be on this
Duration	12 months after stent insertion. Aspirin should then be continued. <i>Duration of treatment must be clearly specified on discharge</i>
Initiating treatment	Hospital (discharged with 28 days supply)
Continuing treatment	GP
Termination of treatment	GP according to initial treatment plan from hospital

4. Post Coronary Artery Bypass Graft (CABG) in selected patients [Unlicensed and consensus amongst local cardiologists]

The use of clopidogrel for post-CABG is **unlicensed** and the recommendations are based on consensus among local cardiologists.

Dose	Clopidogrel 75mg daily in combination with aspirin 75mg daily
Duration	3 months after CABG. Aspirin should then be continued. <i>Duration of treatment must be clearly specified on discharge</i>
Initiating treatment	Hospital
Continuing treatment	Not applicable-<i>Full course to be supplied by hospital</i>
Termination of treatment	As above

5. Secondary Prophylaxis of Occlusive Vascular Events and Symptomatic Peripheral Arterial Disease^{7,8,9,10} [Licensed indication and NICE endorsed]

People who are at increased risk of bleeding or who have a history of gastro-intestinal bleeding and the benefits of continued aspirin therapy outweigh the risks **should receive appropriate gastro-protective therapy with a proton pump inhibitor (PPI).**

Patients already taking a PPI should be maintained on aspirin 75mg and **not switched to clopidogrel.**

As per NICE Guidance clopidogrel alone (within its licensed indications) is recommended for people who have experienced an occlusive vascular event (eg transient ischaemic attacks, ischaemic stroke, myocardial infarction) or have symptomatic peripheral arterial disease **and who have**

- **Either proven hypersensitivity** to aspirin-containing medicines
- **Or history of severe dyspepsia** induced by low-dose aspirin (NB. Clopidogrel is also associated with gastrointestinal adverse effects)

Dose	Clopidogrel 75mg daily - only indicated if patient has proven aspirin hypersensitivity or history of severe dyspepsia induced by low dose aspirin as detailed above
Duration	Indefinite
Initiating treatment	Hospital (discharged with 28 days supply) or GP
Continuing treatment	GP with regular review

Clopidogrel is **NOT** recommended as a first line antiplatelet agent as it is only marginally more effective than aspirin (the number needed to treat (NNT) is 200 over 1 year), has a similar toxicity profile and is far more expensive.

6. Occlusive Vascular Events while on aspirin for Secondary Prophylaxis of Occlusive Vascular Events and Symptomatic Peripheral Arterial Disease^{11,12}

Current limited evidence and product licence does not support the use of aspirin and clopidogrel combination treatment for patients who experience occlusive vascular events while on aspirin.

Clopidogrel for this indication is unlicensed and not recommended.

NB. *The combination of aspirin and clopidogrel in patients with recent ischaemic stroke or TIA does not significantly lower the incidence of recurrent vascular events but does increase the risk of major and life threatening bleeding (from 1.3% to 2.6%)¹⁰.*

7. Primary Prevention of Occlusive Vascular events^{13,14}

Clopidogrel for this indication is unlicensed and not recommended.

Clopidogrel should not be used routinely in patients with type 2 diabetes who require antiplatelet treatment unless truly intolerant. There are no trials specifically studying clopidogrel in patients with diabetes, atrial fibrillation, clotting disorders and other indications for the primary prevention of CVD.

References

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