

**Genetic testing has been performed and indicates this patient may be at risk for inadequate anti-platelet response to clopidogrel (PLAVIX) therapy.**

This patient has been tested for CYP2C19 variants, and the presence of a specific genotype has identified this patient as a poor metabolizer of clopidogrel. Poor metabolizers treated with clopidogrel at normal doses exhibit increased rates of stent thrombosis/other cardiovascular events.

Treatment modification is recommended if not contraindicated:

1. Prescribe prasugrel (EFFIENT) 10 mg daily and stop clopidogrel (PLAVIX)
  - Due to increased risk of bleeding compared to clopidogrel, prasugrel should not be given to patients:
    - that have a history of stroke or transient ischemic attack, or active bleeding
    - that are greater than 75 years of age
    - whose body weight is less than 60 kg
2. Prescribe ticagrelor (BRILINTA) 90 mg twice daily and stop clopidogrel (PLAVIX)
  - ticagrelor should not be given to patients:
    - that have a history of intracranial hemorrhage, active bleeding or severe hepatic impairment
    - \*\*Caution: maintenance doses of aspirin above 100 mg reduce the effectiveness of ticagrelor and should be avoided
3. Continue clopidogrel (PLAVIX) therapy but consider an increased dose of 150 mg per day

If continuing clopidogrel (PLAVIX), please acknowledge your reason below.

Acknowledge reason:

Patient declines alternatives    Contraindication to alternatives    Potential side effects with alternatives

- Add to unsigned orders: ticagrelor (BRILINTA) 90 mg twice daily
- Add to unsigned orders: prasugrel (EFFIENT) 10 mg daily
- Add to unsigned orders: ticagrelor (BRILINTA) 90 mg twice daily
- Add to unsigned orders: prasugrel (EFFIENT) 10 mg daily

Accept

Cancel