



## Changes to the Guidelines for Clopidogrel in Patients with Coronary Artery Disease

### Clopidogrel Monotherapy

Clopidogrel should not be used as a monotherapy in place of aspirin except in those patients who have true aspirin hypersensitivity. For patients with dyspepsia the combination of aspirin with a proton pump inhibitor is recommended.

### Clopidogrel Combination Therapy with Aspirin

Following the recently published Post-MI guidelines from NICE, the following guidance on the duration of aspirin and clopidogrel in combination has been developed by David Sarker and his colleagues for specific indications. After the specified period, patients should revert to aspirin only.

Condition	Aspirin and Clopidogrel duration
STEMI	3 months
NSTEMI	12 months
STEMI with insertion of a bare metal stent	3 months
STEMI with insertion of a drug eluting stent	12 months
NSTEMI with insertion of a bare metal stent	12 months
NSTEMI with insertion of a drug eluting stent	12 months
Elective PCI with a bare metal stent	1 month
Elective PCI with a drug eluting stent	12 months

### ST Elevation MI (STEMI)

The addition of clopidogrel, to other standard treatments including aspirin and thrombolysis, in patients presenting with ST elevation MI has been shown to improve coronary patency and clinical outcomes. NICE have suggested a minimum treatment period of 4 weeks, though there is likely to be benefit beyond this period. It has been agreed that patients will receive 3 months of clopidogrel after a STEMI.

### Non ST Elevation (NSTEMI)

The CURE trial reported benefit from the combination of aspirin and clopidogrel post NSTEMI. Benefit was seen up to 12 months, thus NICE recommends 12 months treatment post NSTEMI.

### Coronary Stenting

Two varieties of coronary stent are available, bare metal (BMS) or drug eluting (DES). Concerns about stent thrombosis with DES, has resulted in a recommendation of 12 months of aspirin and clopidogrel therapy before returning to aspirin alone. Elective insertion of a BMS should be followed by 4 weeks of dual therapy.

**Dual anti-platelet therapy (aspirin plus clopidogrel)** for longer than 12 months is unlicensed. Dual therapy should not be prescribed for longer than 12 months unless there is a written recommendation from a consultant cardiologist which clearly defines the rare and specific indication and having taken account of risks versus benefits at an individual patient level.

### Recent Chapter Reviews

Chapter 3, Respiratory System, has recently been reviewed. Thank you for the comments received and to Phil Hughes and Rupert Jones who joined the working group for this Chapter. There were no major changes. An appendix has been added to give information on oxygen supply to patients and the requirements of the HOOF form. We have also given some advice about the discontinuation of Combivent® and the need to review these patients.

### Supporting Information for Erythropoetin and Darbopoetin

This supporting information has been added to the formulary. Thank you to Paul Humphriss and the renal consultants who produced this for us. It gives the responsibilities of both secondary and primary care. It is expected that the majority of patients will be supplied via the Homecare delivery system. If you have patients being prescribed Eprex® or Aranesp® in primary care, could we ask that the Home delivery option could be offered at their next appointment at Derriford. Monitoring requirements in primary care are to take any bloods as requested by the renal department and to check the patient's blood pressure.

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