WHEN CHOOSING AN OAP, CONSIDER THESE SELECT DIFFERENCES

PRODUCT PRESCRIBING INFORMATION	BRILINTA[1]	Clopidogrel[2]	Prasugrel[3]
In patients with ACS: Reduction in CV death without qualification According to the prasugrel label, the difference in the composite efficacy endpoint between prasugrel and clopidogrel was driven predominantly by MI, with no difference on strokes, and little difference on CV death.[3]	✔	✘	✘
Indicated in NSTE-ACS for patients who are managed with medical therapy alone*	✔	✔	✘
Indicated in STEMI PCI BRILINTA is indicated to reduce the risk of thrombotic CV events and stent thrombosis in patients with ACS who have been stented. Since 2016, clopidogrel is no longer indicated for STEMI patients who are managed with PCI.[2,4]	✔	✘	✔
Indicated for patients with ACS or with a history of MI Prasugrel is only indicated for patients with ACS who are to be managed with PCI.[3]	✔	✔	✘
Indicated to reduce the risk of a first MI or stroke in patients with CAD at high risk for such events. While use is not limited to this setting, the efficacy of ticagrelor was established in a population with type 2 diabetes.[1]	✔	✘	✘
Not impacted by genetic variability† Up to 1 in 7 patients are poor CYP2C19 metabolizers.‡ Poor metabolizers of clopidogrel have diminished antiplatelet effect therefore another $P2Y_{12}$ inhibitor should be considered.[2]	✔	✘	✔

ADDITIONAL IMPORTANT CONSIDERATIONS IN PATIENTS WITH ACS

- **BRILINTA IS NOT RESTRICTED BY:**
  - — Previous clopidogrel loading or maintenance dose
  - — Patient age or weight
  - — Medical or invasive management*
  - — Prior TIA/ischemic stroke
- **OTHER IMPORTANT TREATMENT CONSIDERATIONS** include contraindications, patient bleeding risk, comorbid conditions, other concomitant medications, and overall health status

*PLATO included both medical and invasive (percutaneous coronary intervention [PCI] or coronary artery bypass graft surgery [CABG]) treatment approaches. Patients who received fibrinolytic therapy within the previous 24 hours or who had a need for chronic oral anticoagulation therapy were excluded.[5]

†CYP3A4 is the major enzyme responsible for ticagrelor metabolism and the formation of its major active metabolite.[1]

‡CYP2C19 poor metabolizers are defined as patients who are homozygous for nonfunctional alleles (ie, 2 loss-of-function alleles) of the CYP2C19 gene. In a genetic substudy cohort of PLATO, the risk of thrombotic CV events in the BRILINTA arm did not depend on CYP2C19 loss of function status.[1]

INDICATIONS

BRILINTA is indicated to reduce the risk of cardiovascular death, myocardial infarction (MI), and stroke in patients with acute coronary syndrome (ACS) or a history of myocardial infarction. For at least the first 12 months following ACS, it is superior to clopidogrel. BRILINTA also reduces the risk of stent thrombosis in patients who have been stented for treatment of ACS.
BRILINTA is indicated to reduce the risk of a first MI or stroke in patients with coronary artery disease (CAD) at high risk for such events. While use is not limited to this setting, the efficacy of ticagrelor was established in a population with type 2 diabetes.

IMPORTANT SAFETY INFORMATION FOR BRILINTA® (ticagrelor) 60-MG AND 90-MG TABLETS

WARNINGS:

A. BLEEDING RISK

- **BRILINTA, like other antiplatelet agents, can cause significant, sometimes fatal bleeding**
- **Do not use BRILINTA in patients with active pathological bleeding or a history of intracranial hemorrhage**
- **Do not start BRILINTA in patients undergoing urgent coronary artery bypass graft surgery**
- **If possible, manage bleeding without discontinuing BRILINTA. Stopping BRILINTA increases the risk of subsequent cardiovascular events**

B. ASPIRIN DOSE AND BRILINTA EFFECTIVENESS

- **Maintenance doses of aspirin above 100 mg reduce the effectiveness of BRILINTA and should be avoided**

Please read additional Important Safety Information on back and accompanying full Prescribing Information, including Boxed WARNINGS, and Medication Guide.

BRILINTA®
ticagrelor tablets

IMPORTANT SAFETY INFORMATION FOR BRILINTA® (TICAGRELOR) 60-MG AND 90-MG TABLETS (CONT'D)

CONTRAINDICATIONS

- BRILINTA is contraindicated in patients with a history of intracranial hemorrhage or active pathological bleeding such as peptic ulcer or intracranial hemorrhage. BRILINTA is also contraindicated in patients with hypersensitivity (eg, angioedema) to ticagrelor or any component of the product

WARNINGS AND PRECAUTIONS

- Dyspnea was reported more frequently with BRILINTA than in patients treated with control agents. Dyspnea from BRILINTA is often self-limiting
- Discontinuation of BRILINTA will increase the risk of MI, stroke, and death. When possible, interrupt therapy with BRILINTA for 5 days prior to surgery that has a major risk of bleeding. If BRILINTA must be temporarily discontinued, restart as soon as possible
- Ticagrelor can cause ventricular pauses. Bradyarrhythmias including AV block have been reported in the post-marketing setting. Clinical trials excluded patients at increased risk of bradyarrhythmias not protected by a pacemaker, and they may be at increased risk of developing bradyarrhythmias
- Avoid use of BRILINTA in patients with severe hepatic impairment. Severe hepatic impairment is likely to increase serum concentration of ticagrelor and there are no studies of BRILINTA in these patients
- In patients with Heparin Induced Thrombocytopenia (HIT): False negative results for HIT-related platelet functional tests, including the heparin-induced platelet aggregation (HIPA) assay, have been reported with BRILINTA. BRILINTA is not expected to impact PF4 antibody testing for HIT

ADVERSE REACTIONS

- The most common adverse reactions (>5%) associated with the use of BRILINTA included bleeding and dyspnea

DRUG INTERACTIONS

- Avoid use with strong CYP3A inhibitors and strong CYP3A inducers. BRILINTA is metabolized by CYP3A4/5. Strong inhibitors substantially increase ticagrelor exposure and so increase the risk of adverse events. Strong inducers substantially reduce ticagrelor exposure and so decrease the efficacy of ticagrelor
- As with other oral $P2Y_{12}$ inhibitors, co-administration of opioid agonists delay and reduce the absorption of ticagrelor. Consider use of a parenteral anti-platelet in ACS patients requiring co-administration
- Patients receiving more than 40 mg per day of simvastatin or lovastatin may be at increased risk of statin-related adverse events
- Monitor digoxin levels with initiation of, or change in, BRILINTA therapy

SPECIAL POPULATIONS

- Lactation: Breastfeeding not recommended

DOSING

In the management of ACS, initiate BRILINTA treatment with a 180-mg loading dose. Administer 90 mg twice daily during the first year after an ACS event. After one year administer 60 mg twice daily.
In patients with CAD but no prior stroke or MI, administer 60 mg twice daily.
Use BRILINTA with a daily maintenance dose of aspirin of 75-100 mg.

CAD=coronary artery disease; CV=cardiovascular; MI=myocardial infarction; NSTE-ACS=non–ST-elevation ACS; NSTEMI=non–ST-elevation myocardial infarction; OAP=oral antiplatelet; intervention; PLATO=PLATelet inhibition and patient Outcomes; STEMI=ST-elevation myocardial infarction.

References: 1. BRILINTA® (ticagrelor) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2020. **2.** Plavix® (clopidogrel bisulfate) [package insert]. Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership; 2019. **3.** Effient® (prasugrel) [package insert]. Indianapolis, IN: Eli Lilly and Company; 2019. **4.** Department of Health and Human Services. US Food and Drug Administration. Revised Plavix labeling. Published September 16, 2016. Accessed June 12, 2020. https://www.accessdata.fda.gov/drugsatfda_docs /appletter/2016/020839Orig1s062,s064ltr.pdf **5.** Wallentin L, Becker RC, Budaj A, et al; for the PLATO Investigators. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. *N Engl J Med.* 2009;361(11):1045-1057 and Supplementary Appendix.

Please read additional Important Safety Information on front and accompanying full Prescribing Information, including Boxed WARNINGS, and Medication Guide for BRILINTA.

AstraZeneca

BRILINTA® ticagrelor tablets