

MED ED 101 - P2Y12 Comparison Table

	<u>Clopidogrel (Podcast)</u>	<u>Prasugrel (Podcast)</u>	<u>Ticagrelor (Podcast)</u>	Cangrelor
FDA Indications	Thrombosis prophylaxis for STEMI, CVA, MI, NSTEMI post PCI, NSTEMI, peripheral arterial occlusive disease, and post PCI	Thrombosis prophylaxis for ACS post PCI	Acute Coronary Syndrome, Prophylaxis for Ischemic Stroke or TIA with Cerebrovascular Accident, MI, Coronary Arteriosclerosis with High Risk of MI	Thrombosis Prophylaxis for PCI
Usual Dosing in ACS	*ONLY ORAL Loading Dose: 300-600 mg Maintenance Dose: 75 mg daily	*ONLY ORAL Loading Dose: 30-60 mg Maintenance Dose: 10 mg daily	*ONLY ORAL Loading Dose: 180 mg Maintenance: 60-90 mg twice daily	*ONLY IV* 30 mcg/kg bolus prior to PCI, followed by 4 mcg/kg/min for 2 hours or length of PCI, whichever is longer
Contraindications	Active bleeding, Hypersensitivity	Active bleeding, Hypersensitivity, History of stroke or TIA	History of intracranial hemorrhage, Active bleeding, Hypersensitivity	Significant Active Bleeding, Hypersensitivity
Adverse Effects	Hemorrhage - both non-major and major, Pancytopenia, Hepatotoxicity	Hypertension, Nose bleeds, Atrial Fibrillation, Hemorrhage	Hemorrhage, Increased serum creatinine, dyspnea, Bradyarrhythmia	Hemorrhage
Beers List Criteria	Not on the Beers List.	On Beers List: Use caution in patients 75 years or older due to increased risk of bleeding. Risk versus benefit consideration is necessary.	Not on the Beers List.	Not on the Beers List.
Other Notes:	CYP2C19 metabolism is prominent.	Black Box Warning: Bleeding	Black Box Warning: Bleeding Maintenance doses of aspirin greater than 100 mg daily reduce ticagrelor effectiveness.	Avoid use with clopidogrel or prasugrel.