RELEVANT ACUTE TRUST LOGO
WORKING IN PARTNERSHIP WITH

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath), Crawley CCG and Horsham & Mid-Sussex CCG

INFORMATION SHEET – Blue Traffic Light Classification		
Name of medicine	Ticagrelor 60mg and 90mg tablets	
Indication **(including whether for adults and/or children)**	Ticagrelor, co-administered with aspirin, is indicated for the prevention of atherothrombotic events in adult patients with acute coronary syndromes (ACS)	
PCN policy statement reference **(if applicable)**	PCN 042-2013	
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The information sheet is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface for medicines classified by Prescribing Clinical Network as **BLUE**

BLUE drugs are considered suitable for prescribing in primary care, following initiation and stabilisation by a specialist as ongoing monitoring can be undertaken in primary care without specialist support and WITHOUT the need for a formal shared care guideline.
For each drug classified as blue, the Prescribing Clinical Network will recommend the minimum supply and whether an information sheet is required or not. A minimum of one month supply of medication will be provided by the initiating consultant.
This information sheet sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer's Summary of Product Characteristics. Prescribing must be carried out with reference to those publications. A GP or Primary Care Prescriber must ensure they are familiar with the prescribing responsibilities. This information sheet is available on the internet **http://pad.res360.net/** forming part of the Prescribing Advisory Database (PAD) giving GPs appropriate advice / guidance and is not required to be sent to the GP with the clinic letter.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities
1. Initiate treatment and prescribe for the first month from the acute trust pharmacy. **N.B. clopidogrel is the preferred antiplatelet for the treatment of acute coronary syndromes**
2. Undertake the clinical assessment and monitoring for the first month
3. To check creatinine levels one month after initiating treatment and act according to the results
4. Communicate details of the above in 1 and 2 within the first month of treatment, supplying the GP with summary of patient review (including anticipated length of treatment) and a copy of any information sheet available
5. Explain to the patient and/or carer the treatment plan including the dosing schedule and length of treatment and request for transfer of care to GP
6. Inform patient to report any uncontrolled bleeding (e.g. from cuts) and any unusual bleeding from (site and duration) e.g. blood in urine, blood in stools or black stools.
7. Monitor and evaluate response to treatment, including adverse drug reactions, with the patient and to continue / discontinue treatment in line with agreed treatment plan
8. Advise GP if treatment is to discontinue at any point
6. Inform GP if patient does not attend planned follow-up
7. Reporting of adverse events to the MHRA

General Practitioner (GP) or Primary Care Prescriber responsibilities
1. Subsequent prescribing of ticagrelor at the dose recommended for the remaining 11 months. Recommended to add "to be taken until….." on the prescriptions.

2.	Review the patient and their therapy at 3 to 6 monthly intervals.
3.	Referral back to the specialist if patient experiences clinically relevant bruising or bleeding.
4.	Ensure that any new medication which is started is reviewed in terms of interactions with ticagrelor
5.	Ensure that ticagrelor is stopped after 12 months of prescription
6.	Report any adverse effects to the MHRA
7.	Patients should be told that it might take longer than usual to stop bleeding when they take ticagrelor (in combination with aspirin), and that they should report any unusual bleeding (site or duration) to their doctor.

Patient / Carer role	
1.	Informing the specialist team, primary care prescriber or other healthcare professional if he or she has further questions or wants more information about the treatment
2.	Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products.
3.	Sharing any concerns about their treatment and problems they are having taking their medicines with the specialist team, primary care prescriber or other healthcare professional involved in their care
4.	Supported to know how to report any adverse effects to the specialist team, primary care prescriber or other healthcare professional involved in their care, and how adverse effects can be managed
5.	To be available for monitoring as required
6.	Attend follow-up appointments with the consultant / specialist

Key information on the medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of medicine for the given indication
Acute coronary syndromes refers to a group of symptoms associated with acute myocardial ischaemia with or without infarction. Acute coronary syndromes are usually the result of an acute or sub-acute primary reduction of myocardial oxygen supply provoked by disruption of an atherosclerotic plaque (build-up of material in a heart vessel) associated with inflammation, thrombosis, vasoconstriction and microembolisation. Ticagrelor is an oral antagonist at the P2Y12 adenosine diphosphate receptor, which inhibits platelet aggregation and thrombus formation in atherosclerotic disease.

NICE TA420. Ticagrelor for preventing atherothrombotic events after a myocardial infarction. December 2016. Ticagrelor, in combination with aspirin, is recommended within its marketing authorisation as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event.

Treatment should be stopped when clinically indicated or at a maximum of 3 years.

Indication
For those patients who are resistant to clopidogrel:
Ticagrelor treatment should be initiated with a single 180 mg loading dose (two tablets of 90 mg) and then continued at 90 mg twice daily for 12 months in ACS patients unless discontinuation is clinically indicated.

Dosage and Administration
See current Summary of Product Characteristics (SPC): www.medicines.org.uk

Monitoring - There are no routine tests to be performed

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk