

2014 AHA/ACC Guideline for the Management of Patients with Non-ST-Elevation Acute Coronary Syndromes

Patients Treated with an Initial Invasive or Ischemia-Guided Strategy

Recommendation	COR	LOE
Non-enteric-coated, chewable aspirin (162 mg to 325 mg) should be given to <i>all</i> patients with NSTEMI-ACS without contraindications as soon as possible after presentation, and a maintenance dose of aspirin (81 mg/d to 325 mg/d) should be continued indefinitely	I	A
In patients with NSTEMI-ACS who are unable to take aspirin because of hypersensitivity or major gastrointestinal intolerance, a loading dose of clopidogrel followed by a daily maintenance dose should be administered	I	B
A P2Y ₁₂ inhibitor (either clopidogrel or ticagrelor) in addition to aspirin should be administered for up to 12 months to all patients with NSTEMI ACS without contraindications who are treated with either an early invasive or ischemia-guided strategy. Options include: <ul style="list-style-type: none"> • Clopidogrel: 300 mg or 600 mg loading dose, then 75 mg daily • Ticagrelor*: 180 mg loading dose, then 90 mg twice daily 	I	B
It is reasonable to use ticagrelor in preference to clopidogrel for P2Y ₁₂ treatment in patients with NSTEMI-ACS who undergo an early invasive or ischemia-guided strategy	IIa	B
In patients with NSTEMI-ACS treated with an early invasive strategy and dual antiplatelet therapy (DAPT) with intermediate/high-risk features (e.g., positive troponin), a GP IIb/IIIa inhibitor may be considered as part of initial antiplatelet therapy. Preferred options are eptifibatid or tirofiban	IIb	B

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Antiplatelet and Anticoagulant Therapy: Oral and Antiplatelet Agents

Recommendation	COR	LOE
<p>A loading dose of a P2Y12 receptor inhibitor should be given before the procedure in patients undergoing PCI with stenting.</p> <p>Options include:</p> <ul style="list-style-type: none"> • Clopidogrel: 600 mg or • Prasugrel*: 60 mg or • Ticagrelor‡: 180 mg <p>*Patients should receive a loading dose of prasugrel, provided that they were not pretreated with another P2Y12 receptor inhibitor</p> <p>‡The recommended maintenance dose of aspirin to be used with ticagrelor is 81 mg daily</p>	<p>I</p> <p>I</p> <p>I</p>	<p>A</p> <p>B</p> <p>B</p> <p>B</p>
<p>In patients with NSTEMI-ACS and high-risk features (eg, elevated troponin) who are not adequately pretreated with clopidogrel or ticagrelor, it is useful to administer a glycoprotein (GP) IIb/IIIa inhibitor (abciximab, double-bolus eptifibatid, or high-dose bolus tirofiban) at the time of PCI</p>	<p>I</p>	<p>A</p>