For patients with acute coronary syndrome (ACS) or history of MI,

DOSING AND ADMINISTRATION[1]

BRILINTA® ticagrelor tablets

LOAD DUAL ANTIPLATELET THERAPY WITH BRILINTA IN ACS

LOADING DOSE OF
BRILINTA 180 mg + ASPIRIN
(usually 325 mg)

Two 90-mg tablets of BRILINTA + Initial loading dose of aspirin (usually 325 mg)

In PLATO, 46% of patients in both groups received clopidogrel in hospital prior to randomization. All patients randomized to BRILINTA received a loading dose of 180 mg.[1,2]

6-12 HOURS AFTER LOADING: FIRST MAINTENANCE DOSE OF BRILINTA IN ACS

MAINTENANCE: BRILINTA 90 mg
TWICE DAILY + LOW-DOSE ASPIRIN
ONCE DAILY

One 90-mg tablet of BRILINTA twice daily + 81 mg of aspirin once daily

12 MONTHS AFTER ACS/ HISTORY OF MI

BRILINTA 60 mg
TWICE DAILY + LOW-DOSE ASPIRIN
ONCE DAILY

One 60-mg tablet of BRILINTA twice daily + 81 mg of aspirin once daily

IN PATIENTS WHO HAVE UNDERGONE PCI
CONSIDER SINGLE ANTIPLATELET THERAPY WITH BRILINTA DURING DAPT MAINTENANCE based on the evolving risk for thrombotic vs bleeding events

Tablets are not shown at actual size.

FOR PATIENTS UNABLE TO SWALLOW THE TABLET(S) WHOLE

CRUSHED TABLET(S), MIXED WITH WATER, AND TAKEN ORALLY

- Do not administer BRILINTA with another oral $P2Y_{12}$ platelet inhibitor
- Initiate BRILINTA with a daily maintenance dose of aspirin of 75 mg-100 mg
- A patient who misses a dose of BRILINTA should take one tablet (the next dose) at its scheduled time
- BRILINTA is metabolized by the liver, and impaired hepatic function can increase risks for bleeding and other adverse events. Avoid use of BRILINTA in patients with severe hepatic impairment. There is limited experience with BRILINTA in patients with moderate hepatic impairment; consider risks and benefits of treatment. No dosage adjustment is needed in patients with mild hepatic impairment.
- No dosage adjustment is needed in patients with renal impairment. PLATO, PEGASUS, THEMIS, and THALES did not study patients receiving dialysis
- Breastfeeding is not recommended

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 the treatment of ACS.

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

WARNING: 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**

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

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

Drug interactions[1]

DRUG(S)	RECOMMENDATIONS AND/OR IMPACT
Strong CYP3A inhibitors	Avoid use of strong inhibitors of CYP3A (eg, ketoconazole, itraconazole, voriconazole, clarithromycin, nefazodone, ritonavir, saquinavir, nelfinavir, indinavir, atazanavir, and telithromycin). BRILINTA is metabolized by CYP3A4/5. Strong inhibitors substantially increase ticagrelor exposure and so increase the risk of adverse events.
Strong CYP3A inducers	Avoid use with strong inducers of CYP3A (eg, rifampin, phenytoin, carbamazepine, and phenobarbital). BRILINTA is metabolized by CYP3A4/5. Strong inducers substantially reduce ticagrelor exposure and so decrease the efficacy of ticagrelor.
Opioids	As with other oral $P2Y_{12}$ inhibitors, co-administration of opioid agonists delays and reduces the absorption of ticagrelor. Consider use of a parenteral anti-platelet in ACS patients requiring co-administration.
Simvastatin and Lovastatin	Avoid simvastatin and lovastatin doses greater than 40 mg. BRILINTA increases serum concentrations of simvastatin and lovastatin because these drugs are metabolized by CYP3A4.
Digoxin	BRILINTA inhibits the P-glycoprotein transporter; monitor digoxin levels with initiation of or change in BRILINTA therapy.

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

WARNINGS AND PRECAUTIONS

- Dyspnea was reported more frequently with BRILINTA than in patients treated with control agents. Dyspnea from BRILINTA is often self-limiting
- In patients being treated for coronary artery disease, 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
- Central sleep apnea (CSA) including Cheyne-Stokes respiration (CSR) has been reported in the post-marketing setting in patients taking ticagrelor, including recurrence or worsening of CSA/CSR following rechallenge
- 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 delays and reduces the absorption of ticagrelor. Consider the 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 is 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. Use BRILINTA with a daily maintenance dose of aspirin of 75-100 mg. However, in patients who have undergone PCI, consider single antiplatelet therapy with BRILINTA based on the evolving risk for thrombotic versus bleeding events.

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

You may *report side effects related to AstraZeneca products*.

DAPT=dual antiplatelet therapy; MI=myocardial infarction; PCI=percutaneous coronary intervention.

References: 1. BRILINTA® (ticagrelor) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2024. **2.** Wallentin L, Becker RC, Budaj A, et al; PLATO Investigators. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. *N Engl J Med.* 2009;361(11):1045-1057 and Supplementary Appendix.

AstraZeneca

BRILINTA®
ticagrelor tablets