

6.2.2. Combined Oral Anticoagulant Therapy and Antiplatelet Therapy in Patients With NSTEMI-ACS

Class I

- 1. The duration of triple antithrombotic therapy with a vitamin K antagonist, aspirin, and a P2Y₁₂ receptor inhibitor in patients with NSTEMI-ACS should be minimized to the extent possible to limit the risk of bleeding. (*Level of Evidence: C*)**
- 2. Proton pump inhibitors should be prescribed in patients with NSTEMI-ACS with a history of gastroin-**

testinal bleeding who require triple antithrombotic therapy with a vitamin K antagonist, aspirin, and a P2Y₁₂ receptor inhibitor.^{26,430,431} (*Level of Evidence: C*)

Class IIa

- 1. Proton pump inhibitor use is reasonable in patients with NSTEMI-ACS without a known history of gastrointestinal bleeding who require triple antithrombotic therapy with a vitamin K antagonist, aspirin, and a P2Y₁₂ receptor inhibitor.^{26,430,431} (*Level of Evidence: C*)**

Class IIb

- 1. Targeting oral anticoagulant therapy to a lower international normalized ratio (INR) (eg, 2.0 to 2.5) may be reasonable in patients with NSTEMI-ACS managed with aspirin and a P2Y₁₂ inhibitor. (*Level of Evidence: C*)**