

For triple therapy –
Avoid potent P2Y₁₂ receptor inhibitors
&
combine with a PPI (pantoprazole)

Atrial
fibrillation and
coronary stent,
CHADS₂ >2

For CHADS₂ 0, 1 or 2
– do not use triple
therapy; only dual
AP or OAC + one AP

Low bleeding risk

High bleeding risk

BMS – Triple Rx for
1 mo, then OAC +
one AP

DES – Triple Rx for
6 mo, then OAC +
one AP

BMS – Triple Rx
for 1 mo, then
OAC + one AP

DES – Triple Rx
for 3-6 mo, then
OAC + one AP

OAC – oral anticoagulation

Warfarin experienced & stable – continue Warfarin

All other patients – use a reduced dose* of a NOAC

*Reduced dose NOAC: dabigatran 110 mg BID, apixaban 2.5 mg BID, rivaroxaban 15 mg qd

AP – antiplatelet, BMS – bare metal stent, DES – drug eluting stent