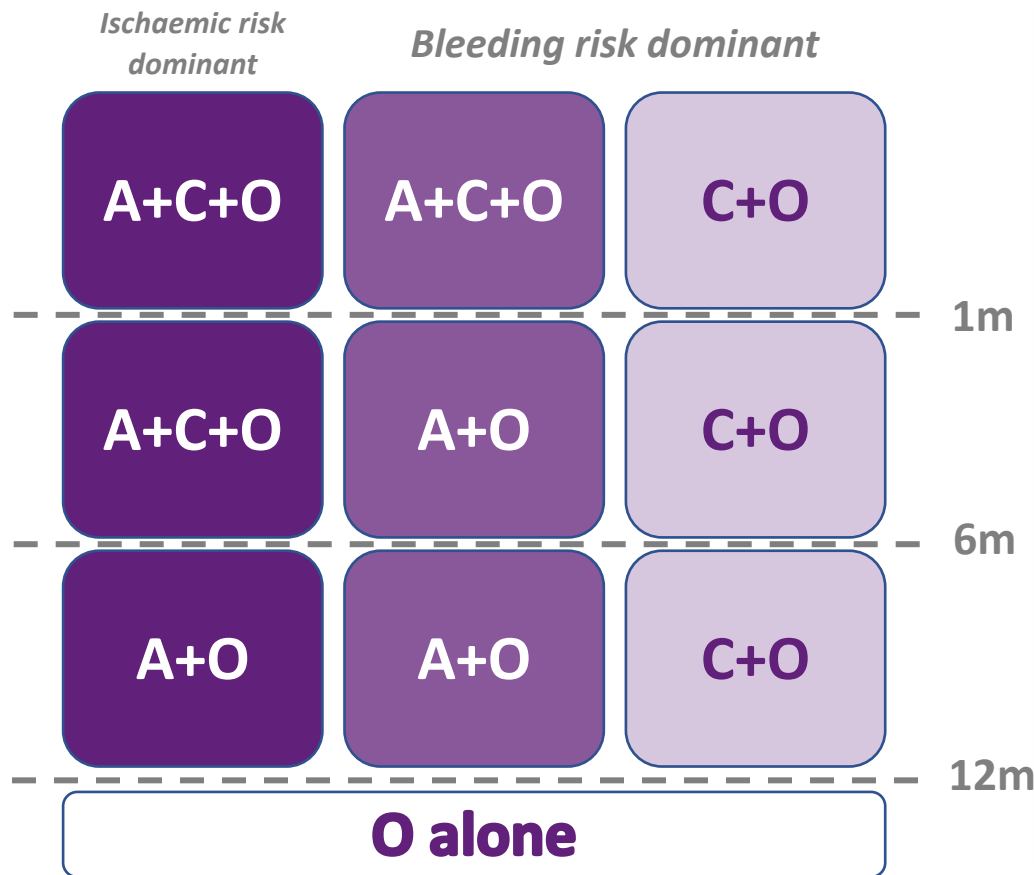


# Triple antithrombotic therapy - PCR Algorithm



A = aspirin; C = clopidogrel; O = oral anticoagulation

1. Assess ischaemic + bleeding risks
2. Triple therapy duration as short as possible; dual therapy as alt.
3. Use NOACs instead of VKA (when NOACs are not contra-indicated)
4. Use the lowest approved NOAC dose (rivaroxaban 15 mg q.d. may be used instead of 20 mg q.d.)
5. Consider a target INR in the lower part of the recommended range
6. Stop antiplatelet treatment at 12 months
7. Clopidogrel as P2Y<sub>12</sub> inhibitor
8. Routine use of PPIs

*The PCR clinical algorithm is endorsed by each expert and build in co-operation with the audience. This does not represent a guideline or the view of any scientific society.*