

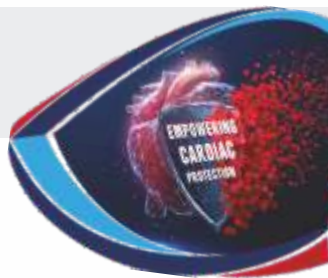
# TICA CONIC-60, 90

Ticagrelor 60 mg & 90 mg Tablets



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## BACKGROUND

Cardiovascular diseases (CVDs) are leading cause of deaths globally. The burden due to CVD in India is remarkably higher than what is being experienced at a global level. Patients diagnosed with ACS are at a heightened risk of thrombotic events, including strokes, emphasizing the critical necessity for effective antiplatelet therapy. The ACC guidelines indicate that for ACS patients undergoing PCI who have completed a 3-month DAPT regimen, switching to ticagrelor monotherapy significantly reduces major bleeding risks without increasing ischemic events compared to continuing ticagrelor with aspirin. Studies have demonstrated ticagrelor's superior efficacy compared to older agents in reducing cardiovascular events, including stroke. Its quick onset of action offers clinical benefits and allow for better patient compliance.

## INDICATION

Ticagrelor is indicated to reduce the risk of cardiovascular death, myocardial infarction, and stroke in patients with acute coronary syndrome or a history of myocardial infarction.

## MECHANISM OF ACTION

Ticagrelor works by inhibiting the P2Y<sub>12</sub> receptor on platelets, which is activated by ADP, leading to platelet activation and aggregation (clumping together). By blocking this receptor, ticagrelor prevents platelets from aggregating, thereby reducing the risk of blood clot formation in arteries and improving blood flow in patients with cardiovascular diseases such as acute coronary syndrome.

## DOSAGE AND ADMINISTRATION

- » In the management of ACS, initiate TICACONIC treatment with a 180 mg loading dose orally.
- » Administer 90 mg twice daily during the first year after an ACS event. After one year administer 60 mg twice daily.
- » Do not administer TICACONIC with another oral P2Y<sub>12</sub> platelet inhibitor.

### References

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\*ACS: Acute Coronary Syndrome

\*ACC: American College of Cardiology

\*DAPT: Dual Antiplatelet Therapy



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Prescribing Information

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