

Guidance for the Switching of Dipyridamole to Clopidogrel in patients with stroke or TIA

Patients on Dipyridamole + Aspirin may be switched to Clopidogrel 75mg once daily

Patients taking Dipyridamole +/- Aspirin with Warfarin should be reviewed and discussed with Dr Guyler/Stroke Team if appropriate.

Patients on Dipyridamole monotherapy may be switched to Clopidogrel 75mg once daily. Don't switch if any previous history of intolerance/bleeding with aspirin as risk is similar for Clopidogrel.

Patients on the liquid formulation can be switched to Clopidogrel tablets. These tablets can be crushed and/or dispersed in water for oral/ng administration.

Ensure the patient has no allergies or contra-indications to Clopidogrel

This switch has been agreed by Dr Guyler (Lead Stroke Physician) and the hospital and CCGs' Medicines Management Committees, and a suggested letter to patients is available to help with switching.