

★ Recommendation	Strength of recommendation	Certainty of evidence
In people with STEMI treated with fibrinolytic therapy, give dual antiplatelet therapy with aspirin and clopidogrel.	Strong	Moderate
In people with STEMI undergoing primary PCI and people with NSTEMACS undergoing a routine invasive strategy, give dual antiplatelet therapy with aspirin and a potent P2Y12 inhibitor (ticagrelor or prasugrel).	Strong	High
In people with STEMI undergoing primary PCI and people with NSTEMACS undergoing a routine invasive strategy for whom ticagrelor or prasugrel are contraindicated, and those receiving oral anticoagulation, give clopidogrel.	Strong	High
In people with NSTEMACS for whom a selective invasive strategy is planned, give ticagrelor or clopidogrel.	Strong	High
In people with NSTEMACS, consider routine genotypic or platelet function guidance of P2Y12 therapy.	Weak	Moderate
In people with NSTEMACS, consider de-escalation from potent P2Y12 inhibitor to clopidogrel 30 days following an ACS event.	Weak	Moderate
In people with ACS with concomitant non-valvular atrial fibrillation and CHA2DS2VA score >1, give aspirin and clopidogrel together as well as a non-vitamin K oral anticoagulant.	Strong	High
In people with STEMI undergoing primary PCI or those with NSTEMACS undergoing an invasive strategy, routine glycoprotein IIa/IIIb inhibitor (GPI) is not recommended.	Consensus	