

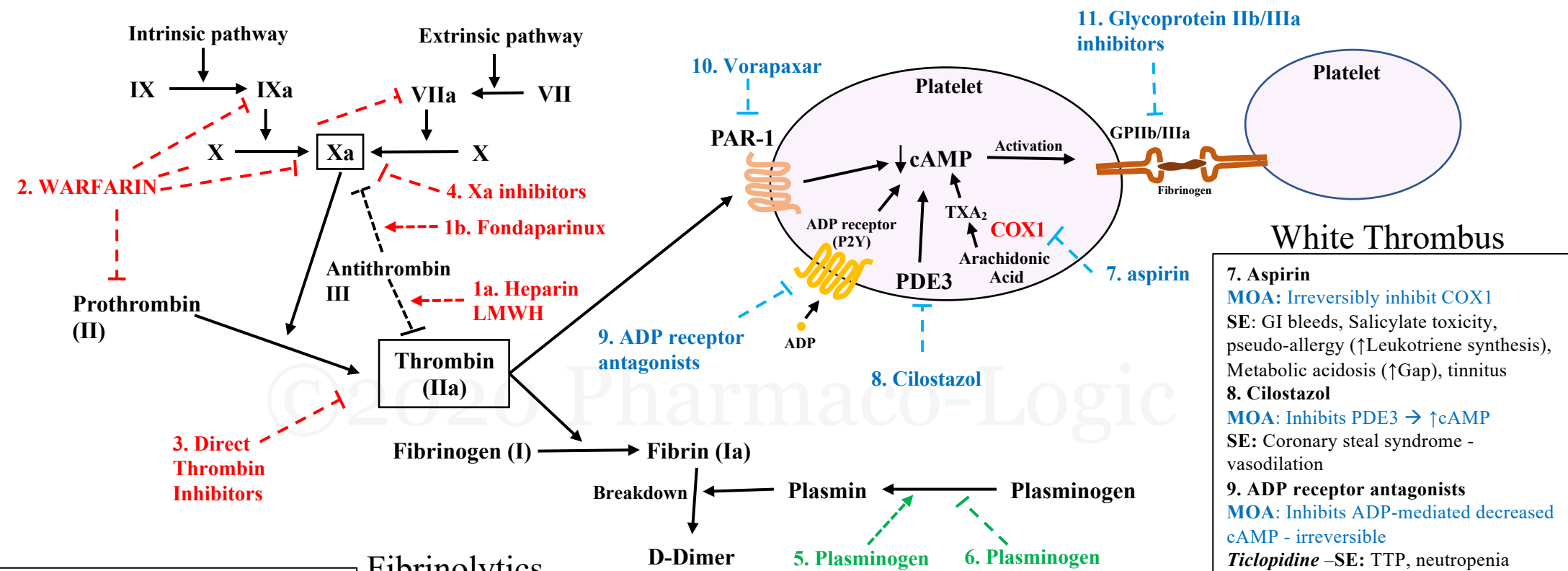
1. Heparins
MOA: Catalyzes ATIII mediated breakdown of Xa and Thrombin
USE: TX/PPX of DVT and PE
SE: Bleeding (aPPT), HIT (type II), Hypoaldosteronism (Type 4 RTA), osteoporosis
Enoxaparin
LMWH - long half life, renal elimination
Fondaparinux – Inhibits Xa, Less HIT
Antidote – Protamine SO₄ (less effective on LMWH, Fondaparinux), PCC

2. Warfarin
MOA: Inhibit Vit. K epoxidase reductase → inhibit gamma carboxylation of II, VII, IX, X, proteins C and S
SE: Bleeding (PT), initial Hypercoag. – protein C (give w/ heparin), Skin necrosis, Teratogen (crosses placenta)
PK: Increases efficacy: CYP inhibitors–Cimetidine (PK), Albumin binders – EtOH, Lasix (PK), Anti-coags – aspirin, heparin (PD), Long term Antibiotics (PD),
Decreases efficacy: Cyp inducers – Barbs, Rifampin (PK) absorp-Cholestyramine (PK), Vit K – Green veggies (PD)
Antidote – Vit K., Fresh frozen plasma (immediate)

3. Direct Thrombin inhibitors
MOA: Bind and inhibit Thrombin
USE: Used to in pts with HIT
Lepirudin – PAR, CI: Renal disease
Bivalirudin – PAR, CI: Liver & renal
Argatroban – arginine derivative
Dabigatran – Oral, P-GP substrate
Antidote - Idarucizumab

4. Factor Xa inhibitors
MOA: inhibits Xa-mediated thrombin activation
Rivaroxaban – used in pts with A. fib
Apixaban - used in pts with A. fib
Edoxaban
Betrixaban
DDI: P-GP substrate
Antidote – Andexanet, PCC

Red Thrombus



5. Plasminogen activators
MOA: facilitate conversion of plasminogen to plasmin (↑PT/↑PTT)
t-PA
Alteplase
Tenecteplase
Use: lyse clots– ischemic stroke, DVT/PE
CI: Head trauma/bleeding, hypertension

Fibrinolytics
6. Plasminogen inhibitors
MOA: prevent conversion of plasminogen to plasmin
Aminocaproic acid
Tranexamic acid
Plasminogen activator inhibitor-1
Use: Patients with hemophila A

11. GP IIb/IIIa inhibitors
MOA: Inhibit fibrin-mediated platelet aggregation
SE: Thrombocytopenia
Abciximab – monoclonal antibody
Tirofiban – IV
Eptifibatide – IV

7. Aspirin
MOA: Irreversibly inhibit COX1
SE: GI bleeds, Salicylate toxicity, pseudo-allergy (↑Leukotriene synthesis), Metabolic acidosis (↑Gap), tinnitus
8. Cilostazol
MOA: Inhibits PDE3 → ↑cAMP
SE: Coronary steal syndrome - vasodilation
9. ADP receptor antagonists
MOA: Inhibits ADP-mediated decreased cAMP - irreversible
Ticlopidine –SE: TTP, neutropenia
Clopidogrel –CI: omeprazole
Prasugrel – prodrug – irreversible
Ticagrelor – added to aspirin for CAD
10. Vorapaxar
MOA: Platelet protease activated receptor-1 antagonist
SE: hemorrhage
CI: pts w/ TIA, stroke