1. Growth Hormone (GH) Stimulating Agents
MOA: Stimulation of release and replacement of GH
Somatropin – GH - **SE:** Hyperglycemia, carpal tunnel syndrome
Tesamorelin – Synthetic GHRH, visceral adiposity in HIV patients
Mecasermin – Recombinant IGF-1 - **SE:** Hypoglycemia, LV hypertrophy
CI: Malignancies

2. Growth Hormone (GH) Reducing Agents
MOA: Blockade of GH release or receptor
Pegvisomant – GH-R antagonist - **SE:** ↑CYPs, lipodystrophy
Octreotide, Lantreotide – somatostatin analog - **SE:** B12 deficiency (↓GI motil.), ↓ insulin release
Bromocriptine/Cabergoline – D_2 agonist – **SE**: psychosis, ↓PRL, ↓TRH, ↓GnRH

3. Prolactin reducing agents (Dopamine Agonists)
MOA: Reduce Prolactin Release
Bromocriptine/Cabergoline – Dopamine agonists (D_2)
SE: psychosis, ↓GH, ↓GnRH

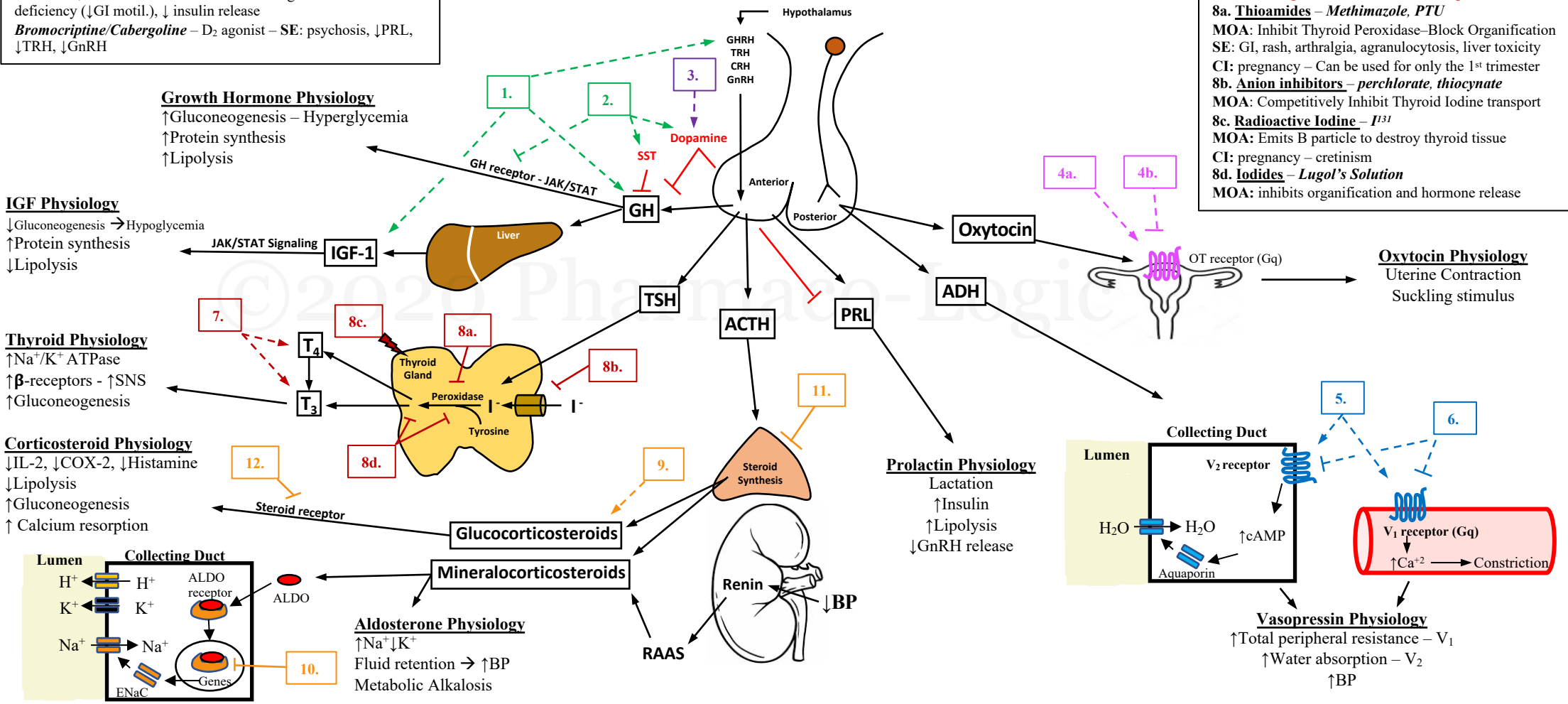
4. Oxytocin agents
MOA: Modulate OT receptors during Delivery
4A. ***Pitocin*** – Oxytocin agonist - Must conduct Fetal tolerance test **SE**: Uterine contractions, fetal distress
4b. ***Atosaban*** – Oxytocin receptor antagonist – prevent preterm labor

5. Vasopressin agonists – TX: Diabetes insipidus
MOA: Activates V1 and V2 receptors
Vasopressin – Esophageal variceal bleeding
Desmopressin – V_2>V_1-VWb disease, nocturnal enuresis
SE: Headache, nausea, cramps agitation, allergic reactions

6. Vasopressin Antagonists – TX: SIADH
MOA: Antagonism of V1 and V2 receptors
Conivaptan – V_{1a} and V_2 Receptors – IV administration
Tolvaptan – V_2 > V_1 Receptors – Oral
SE: Hepatotoxicity (tolvaptan)

7. Thyroid Hormone therapy – TX: Hypothyroidism
MOA: Synthetic thyroid hormone replacement
Levothyroxine – Synthetic T_4 – LONG T1/2
Liothyronine – Synthetic T_3 – More potent form
Liotrix – T_3 & T_4
SE: Weight loss, tachycardia, heat intolerance, insomnia
CI: PPIs, Bisphosphonates, Cholestyramine, Warfarin, Digoxin, Amiodarone, Oral contraceptives, Myxedema, Coronary Artery Disease

8. Anti-Hyperthyroid Agents
MOA: Antagonism of V1 and V2 receptors
8a. Thioamides – ***Methimazole, PTU***
MOA: Inhibit Thyroid Peroxidase–Block Organification
SE: GI, rash, arthralgia, agranulocytosis, liver toxicity
CI: pregnancy – Can be used for only the 1st trimester
8b. Anion inhibitors – ***perchlorate, thiocynate***
MOA: Competitively Inhibit Thyroid Iodine transport
8c. Radioactive Iodine – I^{131}
MOA: Emits B particle to destroy thyroid tissue
CI: pregnancy – cretinism
8d. Iodides – ***Lugol's Solution***
MOA: inhibits organification and hormone release



9. Corticosteroids
MOA: Activate nuclear steroid receptors
Fludrocortisone – mineralocorticosteroids
Hydrocortisone, Betamethasone – Glucocorticosteroids
Cortisol, Prednisone – Mixed gluco/mineralocorticosteroid
SE: Mineralocorticosteroids – Fluid retention ↑Na+, ↓K+
Glucocorticosteroids – Hyperglycemia, Peptic ulcer, infection, Bone resorption, moon face, buffalo hump

10. Mineralocorticosteroid (MCS) receptor antagonists
MOA: Inhibit MCS receptors
Spironolactone – MCS/androgen antag. **SE:**↓Libido, amenorrhea, tender breasts, metabolic acidosis
Eplerenone – MCS antagonist **SE:** Hypotension, diuresis
Drosperinone (Progestin) – *M*CS/androgen antag.
SE:↓Libido
CI: RAAS inhibitors (hyperkalemia), K-supplements

11. Corticosteroid synthesis inhibitors
MOA: Inhibit steroid synthesis
Aminoglutethimide – Inhibits cholesterol to pregnenolone
SE: Hepatotoxic, Rash, hypothyroid
Ketoconazole – inhibits side chain cleavage
SE: Inhibits CYPs, impotence, Long QT
Metyrapone – Inhibits 11-β-Hydroxylase
Etomidate – Adrenal suppression

12. Corticosteroid Receptor Antagonists
MOA: Block corticosteroid receptor activation
Mifepristone – USE: Adrenal carcinoma, ectopic ATCH secretion
SE: Fetal Death, Long QT, Hypertension
CI: pregnancy