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ديفيس بوك fa دليل المخدرات أبيكسابان

Discontinuation: Premature discontinuation of any oral anticoagulant, including apixaban, increases the risk of thrombotic events. If anticoagulation with apixaban is discontinued for a reason other than pathological bleeding or completion of a course of therapy, consider coverage with another anticoagulant. Spinal/Epidural hematoma: Epidural or spinal hematomas may occur in patients treated with apixaban who are receiving neuraxial anesthesia or undergoing spinal puncture. These hematomas may result in long-term or permanent paralysis. Consider these risks when scheduling patients for spinal procedures. Factors that can increase the risk of developing epidural or spinal hematomas in these patients include use of indwelling epidural catheters; concomitant use of other drugs that affect hemostasis, such as nonsteroidal anti-inflammatory drugs (NSAIDs), platelet inhibitors, other anticoagulants; a history of traumatic or repeated epidural or spinal punctures; a history of spinal deformity or spinal surgery; optimal timing between the administration of apixaban and neuraxial procedures is not known. Monitor patients frequently for signs and symptoms of neurologic impairment. If neurologic compromise is noted, urgent treatment is necessary. Consider the benefits and risks before neuraxial intervention in patients anticoagulated or to be anticoagulated. Excipient information presented when available (limited, particularly for generics); consult specific product labeling. Tablet, Oral: Eliquis: 2.5 mg, 5 mg Eliquis DVT/PE Starter Pack: 5 mg Inhibits platelet activation and fibrin clot formation via direct, selective and reversible inhibition of free and clot-bound factor Xa (FXa). FXa, as part of the prothrombinase complex consisting also of factor Va, calcium ions, and phospholipid, catalyzes the conversion of prothrombin to thrombin. Thrombin both activates platelets and catalyzes the conversion of fibrinogen to fibrin. Vss: ~21 L Metabolism Hepatic predominantly via CYP3A4/5 and to a lesser extent via CYP1A2, 2C8, 2C9, 2C19, and 2J2 to inactive metabolites; O-demethylation and hydroxylation are the major sites of transformation; substrate of P-glycoprotein (P-gp) and breast cancer resistant protein (BCRP) Excretion Urine (~27% as parent drug); feces (biliary and direct intestinal excretion) Onset of Action 3 to 4 hours Time to Peak 3 to 4 hours Half-Life Elimination ~12 hours (8 to 15 hours) (AHA [Raval 2017]) Protein Binding ~87% In subjects with ESRD, the AUC of apixaban was 17% greater compared to those with normal renal function. Deep vein thrombosis: Treatment of deep vein thrombosis (DVT); to reduce the risk of recurrent DVT following initial therapy Nonvalvular atrial fibrillation: To reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation (AF) Postoperative venous thromboprophylaxis following hip or knee replacement surgery: Prophylaxis of DVT, which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery Pulmonary embolism: Treatment of PE; to reduce the risk of recurrent PE following initial therapy Heparin-induced thrombocytopenia (treatment)cyes Data from several case reports and retrospective studies suggest that apixaban may be used in the management of patients with heparin-induced thrombocytopenia (HIT) Davis 2017, Ezekwudo 2017, Khalid 2017, Kunk 2017, Sharifi 2015, Shatzel 2016, Warkentin 2017. Based on the American Society of Hematology 2018 guidelines for management of venous thromboembolism: heparin-induced thrombocytopenia, apixaban is an effective and recommended agent for heparin-induced thrombocytopenia complicated by thrombosis (HITT) or heparin-induced thrombocytopenia without thrombosis (isolated HIT). Recurrent stroke/transient ischemic attacks (prevention)yes Based on the American Heart Association/American Stroke Association (AHA/ASA) guidelines for the prevention of stroke in patients with stroke and transient ischemic attack, apixaban may be considered as an alternative to warfarin for the prevention of recurrent stroke or transient ischemic attack in patients with an acute MI complicated by left ventricular mural thrombus formation or anterior or apical wall-motion abnormalities with a left ventricular ejection fraction 10%: Hematologic & oncologic: Hemorrhage (≤15%; major: ≤2%; clinically relevant nonmajor bleeding: 4%) 1% to 10%: Endocrine & metabolic: Heavy menstrual bleeding (1%) Gastrointestinal: Nausea (3%), gingival hemorrhage (≤1%) Genitourinary: Hematuria (≤2%) Hematologic & oncologic: Anemia (3%), bruise (1% to 2%), hematoma (1% to 2%), rectal hemorrhage (≤1%) Respiratory: Epistaxis (≤4%), hemoptysis (≤1%)