The Development of Anticoagulants



1930s

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Heparin (unfractionated)¹

✓ Effective (as used according to prescriber information)



Injection

1940s

Vitamin K Antagonists (VKAs) e.g. warfarin¹

- ✓ Effective (if INR is in therapeutic range)
- ✓ Oral administration



Regular coagulation monitoring



Dose adjustment



Many food and drug interactions

1980s

Low Molecular Weight Heparins (LMWHs) e.g. enoxaparin²

✓ Effective (as used according to prescriber information)





Injection C



Can accumulate in patients with kidney impairment

2000s

Novel Oral Anticoagulants (OACs)

- Direct Factor Xa Inhibitors (Xabans) e.g. rivaroxaban, apixaban and edoxaban³
- ◆ Direct Thrombin Inhibitors (DTIs) e.g. dabigatran⁴



Rivaroxaban

Now approved in five indications in seven areas of use, it is the most prescribed novel OAC in the world and its investigation - both completed and ongoing - will include more than 275,000 patients in clinical trials and real world settings^{6,7}

Xabans can overcome the limitations of older anticoagulants to prevent and/or treat venous and arterial thromboembolic (VAT) conditions⁵



Oral administration



Rapid onset of action



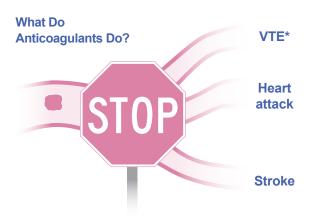
Predictable anticoagulation without need for routine monitoring or dose adjustment



Low risk of drug-drug interactions



No significant food interactions



Anticoagulants are one of the first lines of defence against





It is important doctors and patients discuss the benefits and risks of the different anticoagulants to help identify the best treatment for optimal protection that is suited to maintain their quality of life



*Venous thromboembolism (VTE)

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