HOLDING MEDICATIONS FOR YOUR PROCEDURE

Patient Name: _____ DOB: _____

Protocol for Patients on Medications that Require Withholding Prior to an Interventional Procedure

To decrease the risk of complication, we require that certain medications be held prior to certain interventional procedures. If you are taking one of the below medications as prescribed by a provider, we will reach out to the prescribing provider to obtain clearance for you to hold the medication.

Procedure: _____

The table below lists the medications and the amount of time we require them to be held prior to a procedure.

MEDICATION Brand Name	MEDICATION Generic Name	WHEN TO STOP	WHEN TO RESTART
Aggrastat	Tirofiban	8-24 hours	8-12 hours
Aggrenox	Dipyridamole	2 days	24 hours
Arixtra	Fondaparinux	4 days	24 hours
Aspirin	N/A	6 days	24 hours
Bevyxxa	Betrixaban	6 days	24 hours
Brilinta	Ticagrelor	5 days	12-24 hours
Coumadin	Warfarin	5 days (with normal INR)	24 hours
Effient	Prasugrel	7-10 days	12-24 hours
Eliquis	Apixaban	3 days	24 hours
Elmiron*	Pentosan Polysulfate Sodium*	5 days	24 hours
Integrilin	Eptifibatide	8-24 hours	8-12 hours
Lovenox (prophylactic)	Enoxaparin	12 hours	12-24 hours
Lovenox (therapeutic)	Enoxaparin	24 hours	12-24 hours
Plavix	Clopidogrel	7 days	24 hours
Pradaxa	Dabigatran	4 days (6 days for impaired renal function)	24 hours
Pletal	Cilostzaol	2 days	24 hours
ReoPro	Abciximab	2-5 days	8-12 hours
Savaysa	Edoxaban	3 days	24 hours
Xarelto	Rivaroxaban	3 days	24 hours

MEDICATION Brand Name	MEDICATION Generic Name	WHEN TO STOP	WHEN TO RESTART
Ozempic, Rybelsus	Semaglutide	Daily Dosing: Stop 1 day before the procedure. Weekly Dosing: Hold dose the week before your procedure.	Daily Dosing: 8 hours Weekly Dosing: 8 hours
Trulicity	Dulaglutide		
Byetta	Exenatide		
Bydureon Bcise	Exenatide ER		
Victoza	Liraglutide		
Adlyxin	Lixisenatide		
Mounjaro	Tirepatide		

IF YOU TAKE COUMADIN OR WARFARIN: You **must** have a PT/INR level drawn the day **BEFORE** your procedure. We will be unable to perform your procedure without the PT/INR results. We require your INR result to be **1.2** or below in order for us to perform your procedure. Please present the form on this page to the laboratory of your choosing in order to have your PT/INR level drawn.

NSAID medications must be held prior to performing certain procedures. Clearance is **not** required for the medications listed in the table below.

MEDICATION	OTHER NAMES	WHEN TO STOP	WHEN TO RESTART
Diclofenac	Voltaren, Zorvolex, Zipsor	1 day	24 hours
Ketorolac	Toradol	1 day	24 hours
Ibuprofen	Advil, Motrin	1 day	24 hours
Etodolac	Lodine	2 days	24 hours
Indomethacin	Indocin, Tivorbex	2 days	24 hours
Naproxen	Aleve, Naprosyn	4 days	24 hours
Mobic	Meloxicam	4 days	24 hours
Nabumetone	Relafen	6 days	24 hours
Oxaprozin	Daypro	10 days	24 hours
Piroxicam	Feldene	10 days	24 hours
Sulindac	Clinoril	3 days	24 hours

Some herbal medications and dietary supplements must be held prior to performing certain procedures. Clearance is **not** required for the medications listed in the table below.

SUPPLEMENT	WHEN TO STOP	WHEN TO RESTART
Fish Oil	6 days	24 hours
Garlic	7 days	24 hours
Ginkgo Biloba	7 days	24 hours
Ginseng	7 days	24 hours
Danshen	7 days	24 hours
Dong Quai	7 days	24 hours
Vitamin E	6 days	24 hours

Patient: Please present this sheet to the laboratory performing your PT/INR:

Name: _____ DOB: _____ Date: _____

Order for PT/INR Diagnosis code: V58.61

Ordering physician (circle one): Dr. Jason Jenson, Dr. Christopher Ray, Dr. Eric Church, Dr. Thomas Moshiri
(fax results to 480-542-9636)

I have read this protocol and I have also received a copy.

Patient Signature: _____ Date: _____