



Medications and Stroke

After your stroke, your doctor may prescribe medications you have to take regularly. It is important that you and your family understand each of these medications.

Below is a table of the **most common medications prescribed after stroke** and important information you should know:

Medication Classification	Use
Anticoagulants Coumadin (Warfarin®) Apixaban (Eliquis®) Rivaroxaban (Xarelto®) Dabigatran (Pradaxa®) Enoxaparin (Lovenox®) Edoxaban	Anticoagulant medications prevent blood clots from forming.
Antiplatelet Agents Aspirin Dipyridamole Plavix (Clopidogrel®) Aggrenox	These prevent blood clots by limiting the buildup of plaque in the arteries.
Antithrombotic Agents Antiplatelet agents (see above) Anticoagulants (see above)	Medication that prevents the formation of blood clots.
Statin Atorvastatin (Lipitor®) Fluvastatin (Lescol®, Lescol XL®) Lovastatin (Mevacor®, Altoprev®) Pravastatin (Pravachol®) Rosuvastatin (Crestor®) Simvastatin (Zocor®)	Medication that will lower cholesterol and in most patients, reduce your risk of stroke.
Thrombolytic Agents Plasminogen activators: r-tPA Alteplase	Used to treat an ongoing blood clot to restore normal blood flow in the artery.

What do I need to know?

- What medication you are taking and why you are taking it
- When and how often you should take it
- How much you should take each time (dose)
- What side effects may occur

Be sure to take these medications as prescribed to prevent
you from having another stroke!

Talk to your nurse about where you want to pick up your prescriptions. You can get your prescriptions filled at your home pharmacy or by the Michigan Medicine outpatient pharmacy located on the first floor of the Taubman Center. If you wish to fill them at the hospital, be sure to remind the staff to send them to the pharmacy the day you are scheduled to go home. A family member or friend must go down to pick them up for you.

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Adapted from: National Institute of Neurological Disorders and Stroke. [Stroke: Hope Through Research](#), 2004. NIH Publication No. 99-222

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