

# Chapter 5

## HEMOSTATIC AGENTS

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### Hemostatic Agents: WHAT YOU NEED TO KNOW

**Clotting Factor Concentrates** are the treatment of choice for PWH as they are very safe and effective for treating and preventing bleeds. There are 2 types:

**1** **Plasma-derived products**  
(donated plasma)

**2** **Recombinant products**  
made from engineered cells



**Plasma-derived** and **recombinant FVIII and FIX CFCs** are equally efficacious and safe and WFH does not recommend one over another. Your physician will choose the best product for you depending on the type of hemophilia you have and the availability and cost of products.

**Extended half-life (EHL)** CFC products are a type of CFC that were developed to allow a longer time between infusions compared to the standard half life (SHL) products.

**Emicizumab**, a non-factor replacement therapy, offers an alternative treatment and is recommended as regular prophylaxis for patients with hemophilia A, with and without inhibitors.

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CFCs should be used in preference to cryoprecipitate or fresh frozen plasma due to concerns about quality, safety, and efficacy. However, the WFH recognizes the reality that they are still widely used in countries around the world where they are the only available or affordable treatment options.

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There are **other hemostatic agents** used in very specific situations and include:

#### **Bypassing agents**

Used to treat and prevent bleeding in patients with hemophilia A and B who develop inhibitors.

- Activated prothrombin complex concentrate (aPCC) for Hemophilia A
- Recombinant activated factor VIIa (rFVIIa) for Hemophilia B

**Desmopressin** (DDAVP) is recommended for patients with mild or moderate hemophilia A and carriers of hemophilia A.

**Antifibrinolytics**, such as tranexamic acid, are used to control superficial soft tissue and mucosal bleeds and for dental surgery or eruption of teeth.