Apixaban Prescribing Guidance
Prescriber Information

NHS Lothian

Lothian Adult Formulary approved indications for Apixaban

Non-valvular Atrial Fibrillation:

Prophylaxis of stroke and systemic embolism when warfarin is not appropriate

Deep vein thrombosis (DVT) and Pulmonary Embolism (PE):

Acute Treatment of DVT and PE
Prevention of recurrent DVT and PE

In patients undergoing ***Cardioversion and RF ablation*** requiring anticoagulant cover where continuing warfarin is not appropriate.

Considerations before commencing Apixaban therapy

- Is the indication for prescribing apixaban approved by NHS Lothian?
- Does the patient weigh >50kg and <120kg?
- Does the benefit of anticoagulation outweigh the bleeding risk?
  - This must be discussed with the patient / guardian
- Does the patient have hepatic disease associated with coagulopathy?
  - Apixaban is contraindicated in such patients - check liver function.
- Does the patient have impaired renal function?
  - Apixaban may be contraindicated or require dose adjustments in such patients - check renal function.
- Is the patient prescribed concomitant interacting medicines?
  - Clarithromycin (may increase apixaban levels)
  - other CYP3A4 inhibitors or inducers (see list on counselling page or BNF)
- Is the patient prescribed concomitant antiplatelets / anticoagulants / NSAIDs?
  - These usually need to be discontinued
  - Except after acute coronary syndrome (ACS) / percutaneous coronary intervention (PCI). This must be discussed with cardiology

For patients with venous thrombosis Apixaban should be commenced 24 hours after last dose of dalteparin given

Apixaban Dosing Guidance
(Dose differs according to indication)

Non-valvular Atrial Fibrillation

- 5mg twice daily (if eGFR ≥ 30ml/min)
- Reduce to 2.5mg twice daily **if 2 or more of**:
  - Patient ≥ 80 years
  - Body weight ≤ 60 kg
  - Creatinine ≥ 133 micromol/L
- Reduce to 2.5mg twice daily if eGFR is 15 – 29 ml/min
- Apixaban is not recommended if: eGFR is < 15ml/min or dialysed patients
  NOTE: only applicable to atrial fibrillation

DVT / PE

Initial Dosing

- 10mg twice daily for 7 days
- Then 5mg twice daily (maximum 6 months at this dose)

Ongoing therapy after 6 months

- 2.5mg twice daily
- Apixaban is not recommended if: eGFR is < 30ml/min or dialysed patients

Apixaban Prescribing Guidance
Counselling Sheet

NHS Lothian

Patient name and CHI number (affix sticky label here)	Please tick boxes to indicate that information has been given to patient/guardian. This form should be signed by both the patient/guardian and professional providing the information. File signed form in patient's notes.

☐	Explain indication for therapy
☐	Explain expected duration of therapy
☐	Explain dose - Refer to NHS Lothian Prescriber Information Sheet
☐	Administration: • Swallow whole with water (with or without food) • Take roughly at the same time each day • Missed dose: - Up to 6 hrs later than scheduled dose - Take as soon as remembered then continue with the twice daily dose as usual. - More than 6hrs later than scheduled dose – Wait and take the next scheduled dose
☐	Advise patient that a missed dose will increase the risk of further blood clots and that strict compliance is essential.
☐	Advise of potential drug interactions: • Stop concomitant antiplatelets / anticoagulants / NSAIDs and if on antiplatelets post acute coronary syndrome (ACS) / percutaneous coronary intervention (PCI) prescriber must discuss with cardiology first • Clarithromycin may increase levels of apixaban • CYP3A4 inhibitors may increase levels of apixaban (eg triazole and imidazole antifungals [*except fluconazole*], protease inhibitors [HIV antiviral drugs]) • CYP3A4 inducers may decrease levels of apixaban (eg rifampicin, phenytoin, carbamazepine, St. John's wort) Check with pharmacist before buying Over-The-Counter medicines, alternative medicines, herbal medicines or supplements.
☐	Always tell the doctor, dentist or pharmacist that you take apixaban
☐	Bleeding risk: • Advise patient of bleeding risk and lack of reversal agent. • Seek immediate medical attention if significant bleeding or head injury sustained. • Avoid risks from falls/injury – need to take care with hobbies/leisure activities and avoid contact sports. • Advise on the dangers of excess alcohol (increased risk of fall and bleed)
☐	Pregnancy and breastfeeding – Apixaban must ***not*** be prescribed in either state: • There is a lack of safety evidence for apixaban during pregnancy / breastfeeding • If patient becomes pregnant while taking Apixaban – Contact GP immediately • If patient needs contraceptive advice, phone 0131 - 5361511
☐	Inform patient to obtain repeat prescription from GP within 1 week
☐	Supply appropriate patient information leaflet and alert card (in Apixaban tablet box) https://www.eliquis.co.uk/resourcesforyourpatients/patientinformation/

Counselling given by: …….. (name & profession – Sign + PRINT)

Counselling received and understood by: …….. (patient or guardian – Sign + PRINT)

Date ...../...../.....

Apixaban Discharge Letter (GP)

NHS Lothian

Patient Name and CHI number

Affix label here

Date: ...../……./…….

Dear Doctor

The above patient has been commenced on apixaban. Apixaban is a Direct Oral Anticoagulant (DOAC) and, like warfarin, is associated with an increased risk of bleeding. Unlike warfarin it does not require any monitoring of its anticoagulant effect.

Treatment dose and duration

The patient has been supplied with the first few weeks of apixaban from the hospital pharmacy - (28 days supply will be given for AF while 21 days supply will be given for DVT/PE)

We request your prescription of the remainder of the course at the dose indicated below for the stated treatment period. Please tick indication

☐ non-valvular atrial fibrillation
☐ DVT/PE

Date commenced: ……

Delete as appropriate

Apixaban 10mg twice daily for one week then apixaban 5mg twice daily until review at clinic

Apixaban 5mg twice daily long term

Apixaban 2.5mg twice daily long term

Clinic follow up date: ……

Please note the dosing regimen differs according to the indication for apixaban therapy.

Prescribing Notes

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(No dose reduction for weight or age)

Cautions and contraindications

- Apixaban should not be used in any patients with severe renal impairment (eGFR < 15ml/min) and not for DVT/PE patients with eGFR < 30ml/min.
- Apixaban should not be used in patients with severe liver impairment with coagulopathy.
- Apixaban metabolism is affected by:
  - clarithromycin
  - CYP3A4 inhibitors (eg triazole and imidazole antifungals [except fluconazole], protease inhibitors [HIV antiviral drugs])
  - CYP3A4 inducers (eg rifampicin, phenytoin, carbamazepine, St. John's wort)

If the patient develops severe renal or liver impairment (or must commence any of the interacting drugs above) while taking apixaban, ongoing anticoagulation should be discussed with a haematologist.

If the patient develops any bleeding symptoms during the course of treatment with apixaban, the patient should be discussed with a haematologist. The half-life of apixaban is 5-13 hours (ie shorter than warfarin) however there is currently no readily available reversing agent.

For patients with normal renal and liver function, please check urea, electrolytes and liver function tests annually (please monitor more frequently if evidence of mild or moderate renal or hepatic impairment)

Prior to discharge the patient will have been

- Told that they need to inform the dentist or surgeon that they are taking apixaban should they require a dental or surgical procedure.
- Issued with an 'Apixaban Patient Alert Card' or appropriate alternative.
- Told to seek medical attention if they experience symptoms of bleeding.
- Told that if they sustain a significant injury, particularly involving the head, then they must seek medical attention.
- Told to contact you if they become pregnant – with the intention that you can refer them on via RefHelp Guidance

Further information

If you have any questions regarding this medication, please do not hesitate to contact the clinical team or hospital pharmacy that initiated this medication.

Many thanks for your ongoing supervision of this patient's anticoagulation.

Yours faithfully

Doctor/Care Provider Sign + PRINT