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

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 (if eGFR ≥ 30ml/min)

- 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

(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