

Date: ...../...../.....

Patient details:

**TREATMENT WITH APIXABAN**

The above patient has been commenced on apixaban for the treatment of an acute Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism. Apixaban is an oral anticoagulant and, like warfarin, is associated with an increased risk of bleeding, but unlike warfarin, does not require any monitoring of its anticoagulant effect (indeed routine coagulation screen tests are relatively insensitive and unsuitable for measuring apixaban's anticoagulant effect). Therefore, this patient does not need to attend an anticoagulant clinic.

**Treatment dose and duration:**

- The patient has been supplied with the first three weeks of treatment (at a dose of 10mg twice daily for the first week, followed by 5mg twice daily for subsequent weeks) from the hospital pharmacy
- You are being asked to prescribe the remainder of the course at the dose indicated below for the stated treatment period

**ACTIONS FOR GP:**

1. **Prescribe apixaban 5 mg twice daily commencing on ..... /..... /..... [3 weeks from start date]**
2. **The intended duration of apixaban for this patient is: ..... months / indefinite [delete as appropriate]**
3. **Therefore on: ..... /..... / ..... discontinue the treatment or, reduce apixaban dose to 2.5mg twice daily [delete as appropriate]**
4. **Please annotate this discontinuation [or dose reduction] date on prescription to help ensure the treatment is actioned accordingly**

**Cautions and contraindications:**

- Apixaban should not be used in patients with severe renal (creatinine clearance <15ml/min) or severe liver impairment. Caution is required if creatinine clearance is 15 – 29 ml/min.
- The effect of apixaban is altered by the concurrent use of triazole and imidazole antifungals (except fluconazole), protease inhibitors and strong CYP3A4 inducers e.g. rifampicin, phenytoin, carbamazepine.
- If the patient develops severe renal or liver impairment during the course of treatment with apixaban, or
- must commence one of the above drugs, then the ongoing anticoagulation management of the patient
- should be discussed with a haematologist.
- If the patient develops any bleeding symptoms during the course of treatment with apixaban, then the patient should be discussed with your local haematologist. The half-life of apixaban is 5 – 13 hours (ie shorter than warfarin), however there is currently no readily available reversing agent.

**Patient education and counselling points:**

- Inform the patient that should they require a dental or surgical procedure, they must inform the dentist or surgeon that they are currently using apixaban
- Ensure patient has been issued with an 'Apixaban Patient Alert Card' or appropriate alternative
- Inform the patient to seek medical attention if they experience symptoms of bleeding
- If the patient sustains a significant injury, particularly involving the head, then they must be advised to seek medical attention, either in primary care or with emergency services, depending on the severity of the injury.

**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.