



CLINICAL GUIDELINE

Apixaban, Treatment of Deep Vein Thrombosis and-or Pulmonary Embolism

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

INTRODUCTION:

Apixaban is an oral anticoagulant that has been approved for the treatment and secondary prevention of acute deep vein thrombosis (DVT) and/or pulmonary embolism (PE). The following provides guidance as to which patients can be considered for this drug treatment.

INCLUSION CRITERIA:

- Age >18 years
- New diagnosis of acute DVT and/or PE

EXCLUSION CRITERIA:

- Creatinine clearance < 15ml/min (use with caution when CrCl 15-29 ml/min)
- Pregnant or breastfeeding women
- Patients with VTE and active cancer (when LMWH is the preferred anticoagulant)
- Liver disease associated with cirrhosis and/or coagulopathy
- Concurrent use of the following medications:
 - Triazole and imidazole antifungals (except fluconazole)
 - Protease inhibitors
 - Strong CYP3A4 inducers e.g. rifampicin, phenytoin, carbamazepine, phenobarbital and St John's Wort
- Patients considered at increased risk of bleeding who would be unsuitable for any form of therapeutic anticoagulation

DOSING:

1. Prescribe LMWH (dalteparin) until DVT/PE diagnosis confirmed
2. Once VTE confirmed, stop LMWH and give 1st dose apixaban 22 - 24 hours following the last dose of LMWH
3. Day 1-7: apixaban 10mg twice daily
4. Day 8: reduce apixaban dose to 5mg twice daily until 6 months or stop date, whichever is sooner
5. At 6 months, for patients scheduled for indefinite anticoagulation, reduce dose to 2.5mg twice daily
6. Apixaban tablets should be taken with a drink of water

PATIENT EDUCATION:

The risk of major bleeding associated with the use of apixaban may be less than that associated with warfarin, but is not without risk. Patients must therefore be fully counselled as follows:

Patients must:

- inform their dentist or surgeon that they are taking apixaban
- seek medical attention if they experience symptoms of bleeding
- be advised that missed doses of apixaban will increase the risk of further venous thrombosis and that strict compliance with the medication is essential

DISCHARGE ARRANGEMENTS:

- The initial 21 days of treatment (56 tabs of 5mg pack: 10mg twice daily for 1 week, followed by 5mg twice daily for 2 weeks) should be supplied from hospital pharmacy
- The patient should be issued with an NHS GG&C DOAC booklet and alert card or, if not available, an 'Apixaban Patient Alert Card'
- The GP immediate discharge letter should be accompanied by an Apixaban Treatment Discharge Letter (appendix 1) completed by the prescribing clinician, detailing the date to stop apixaban or reduce to 2.5mg twice daily (if for indefinite anticoagulation)
- An anticoagulant clinic appointment is NOT required

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 NHS GG&C DOAC booklet and 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.