

# Decision Aid for Medicines Optimisation Review of Patients Prescribed Apixaban

## 1. Do any of the following criteria apply\*?

- Patients at high risk of gastrointestinal (GI) bleeding including those with current or recent GI ulceration (within previous 6-8 weeks)
- Changed from an alternative DOAC before due to intolerance/treatment failure
- Taking for another indication or for off-licence use started under a specialist

YES

**Continue apixaban at the appropriate dose**

NO

2. Consider the following options based on the patient's co-morbidities and risk scores and determine best alternative considering patient preference and dose frequency

Recurrent ischaemic stroke /systemic embolism/TIA despite good anticoagulation control (TTR $\geq$ 70%) or other DOAC

Patient requiring a blister pack /swallowing difficulties requiring crushing/NG tube

High risk of bleeding HAS-BLED  $\geq$ 3, ORBIT  $\geq$ 4. Consider agents with lowest bleed risk

CrCl 15-29mls/min\*\* (Use with caution, recheck in 4 weeks (and every 3 months thereafter))

History of GI symptoms/dyspepsia but no active symptoms. Start a PPI and;

- **Preferred: Dabigatran 150mg BD if appropriate** (check adherence)  
**However, if patient qualifies for the lower dose of dabigatran due to:**
  - Age  $\geq$ 80 years old
  - Age 75-79 years and bleeding risk high
  - Weight <50kg
  - CrCl 30-50ml/min (alternative agent preferred)
  - Concomitant verapamil
  - High bleeding risk
- **Don't use dabigatran, use**
- **Edoxaban at the appropriate dose**

- **Edoxaban 60mg daily or edoxaban 30mg daily if:**
  - Weight  $\leq$ 60kg
  - CrCl 15-50<sup>a</sup>ml/min
  - On strong P-gp inhibitor

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**Table to support with decision of DOAC**

Patient Characteristics	Preferred Choice DOAC Recommended
<b>Recurrent ischaemic stroke/systemic embolism/TIA despite good anticoagulation control (TTR&gt;70%) or other DOAC</b>	Dabigatran 150mg BD preferred if high dose appropriate
<b>Patient requiring blister pack or poor swallowing requiring tablets to be crushed</b>	Edoxaban preferred Avoid dabigatran
<b>High risk of GI bleeding e.g. current or recent gastrointestinal ulceration, requiring ongoing upper GI surveillance by a specialist</b>	Apixaban preferred*
<b>High risk of bleeding (HAS-BLED <math>\geq</math>3 /ORBIT <math>\geq</math>4) excluding gastric bleeding</b>	Edoxaban preferred
<b>Patient preference for once daily</b>	Edoxaban preferred
<b>CrCl 15-29mls/min** - Use with caution, recheck in 4 weeks (and every 3 months thereafter)</b>	Edoxaban 30mg daily preferred
<b>History of GI symptoms/ dyspepsia but no active symptoms</b>	Start a PPI and edoxaban preferred

\*check body weight and age to check if patient qualifies for lower dose apixaban

\*\*CrCl<20mls/min consider if OAC appropriate

See 'Initiating a DOAC Decision Aid' for abbreviation key

## References:

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