

Apixaban (Eliquis) counselling checklist

Patient Name: **Hospital Number:**

This patient has been counselled on the following areas of apixaban therapy, by a pharmacist, doctor or anticoagulant practitioner, in accordance with the guidance overleaf.

	Counselling points discussed	
1.	Indication for apixaban	
2.	What an anticoagulant is and alternative anticoagulation options	
3.	Benefits and disadvantages of apixaban compared to other anticoagulants	
4.	Expected duration of therapy - specify if known:	
5.	Basic mode of action	
6.	Dose	
7.	How to take: <ul style="list-style-type: none"> • Must be taken with water; can be taken with or without food • Aim to take at the same time of day Exploring barriers to taking medication	
8.	What to do if a dose is missed (Also: extra dose taken accidentally? Seek medical help)	
9.	Importance of taking it every day: <ul style="list-style-type: none"> • It is less effective if not taken daily • Ways of remembering to take the tablets e.g. calendar or smartphone alerts 	
10.	Monitoring blood tests, how often it is needed and by whom	
11.	Side effects of apixaban and what to do about them <ul style="list-style-type: none"> • Signs/symptoms of over-anticoagulation: bleeding or bruising • Small risk of recurrence of blood clots 	
12.	Potential for drug interactions and the need to inform prescribers (including NSAIDs such as ibuprofen and aspirin)	
13.	Alcohol intake	
14.	Contraception, pregnancy, and hormone replacement therapy (if relevant)	
15.	Hobbies (including contact sports) and leisure activities	
16.	How to obtain further supplies of apixaban	
17.	Hospitalisation, surgery, dental work and injections	
18.	Who to contact for advice/ further information	

Patient/advocate/representative:

Print name.....

Signature: Date:

Practitioner: (to counsel the patient and upload this completed document in patient electronic record or file in paper record)

Print name: Bleep/ext:

Signature: Date

The patient must receive:

- a copy of the first page of this completed document
- a apixaban patient information booklet
- a patient alert card. The alert card **MUST** be fully completed and the patient advised to keep it with him/her at all times.

General guidance on counselling points

Only provide information relevant to the patient

1.	<p>Apixaban is licensed for:</p> <p>(a) Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as:</p> <ul style="list-style-type: none"> • prior stroke or transient ischaemic attack • age ≥ 75 years; • hypertension • diabetes mellitus • symptomatic heart failure (NYHA Class ≥ II) <p>(b) Treatment of deep-vein thrombosis (DVT) or pulmonary embolism (PE)</p> <p>(c) Prevention of recurrent DVT or PE</p> <p>(d) Prevention of DVT/PE in adult patients undergoing elective hip/knee replacements</p>
2.	<p>Alternative anticoagulants: warfarin (and other oral vitamin K antagonists), low molecular weight heparin (LMWH), other direct oral anticoagulants (e.g. dabigatran, rivaroxaban, edoxaban)</p> <ul style="list-style-type: none"> • For AF: apixaban was shown to be as effective as warfarin for the prevention of stroke and systemic embolism, with a lower rate of major bleeding, and a lower risk of intracranial haemorrhage • For the treatment of acute DVT/PE: apixaban was shown to be just as effective as warfarin or a low molecular weight heparin with a lower rate of major bleeding and a similar rate of minor bleeding
3.	<p>Advantages (vs. warfarin): fixed dose, no routine coagulation monitoring, more stable anticoagulation control, lower risk of intracranial haemorrhage (AF patients). Apixaban's onset of action occurs within a few hours of taking the tablet, whereas warfarin's onset of action can take up to three days.</p> <p>Disadvantages (vs. warfarin): unable to routinely monitor coagulation but monitoring not usually required, limited long-term data, short half-life (12 hours) means twice daily dosing regime. Apixaban contains lactose from cow's milk, therefore not appropriate for patients with lactose intolerance.</p> <p>Disadvantage vs. rivaroxaban, edoxaban: twice daily dosing.</p> <p>Advantage vs. rivaroxaban: does not need to be taken with food</p> <p>Advantage vs. dabigatran: smaller tablet, can be crushed or put in dosette box</p> <p>Disadvantage vs. dabigatran: no widely available direct antidote</p>
4.	<p>The duration of therapy is adjusted according to risk factors and is individualised after careful assessment of the treatment benefit against the risk for bleeding. Duration is usually long term for atrial fibrillation. Prevention of DVT/PE in adult patients undergoing elective hip replacement; 32-38 days. Prevention of DVT/PE in adult patients undergoing elective knee replacement; 10-14 days. Treatment of DVT/PE is variable depending on the site and cause of the thrombosis, and should be continued until review in thrombosis clinic. If unsure, check with doctor.</p>
5.	<p>Basic mode of action: belongs to a group of medicines called antithrombotic agents; blocks a blood clotting factor (factor Xa) and thus reduces the tendency of the blood to form clots.</p>
6.	<p>Dose:</p> <p>(a) Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ II): 5mg twice daily</p> <p>(b) Treatment of DVT/PE: 10mg twice daily for 7 days then 5mg twice daily thereafter</p> <p>(c) Prevention of DVT/PE after at least 6 months of treatment: 2.5mg twice daily</p> <p>(d) Prevention of DVT/PE following knee replacement surgery: 2.5mg twice daily for 10-14 days</p> <p>(e) Prevention of DVT/PE following hip replacement surgery: 2.5mg twice daily for 32-38 days</p> <p>RENAL IMPAIRMENT: For AF dose reduction to 2.5mg twice daily applies:</p>

	<ul style="list-style-type: none"> - If the creatinine clearance is between 15-29mL/min OR - If two of the of the following three parameters applies; age ≥ 80 years, body weight ≤60 kg, or serum creatinine ≥ 1.5 mg/dL (133 micromol/L). <p>For the treatment of DVT, treatment of PE and prevention of recurrent DVT and PE, apixaban is to be used with caution in CrCl 15-29mL/min.</p> <p>Apixaban is contraindicated if CrCl <15mL/min.</p>
7.	<p>How to take:</p> <ul style="list-style-type: none"> • Must be taken at the dose prescribed • Swallow the tablet whole with water • Can be taken with or without food • Aim to take at the same time each day <p>Are there any conditions which could affect your ability to take the tablet e.g. visual impairments, dexterity problems, swallowing difficulties, cognitive ability, literacy ability etc. Refer to haematologist if condition will effect ability to take medication or any safety concerns.</p>
8.	<p>Missed doses:</p> <ul style="list-style-type: none"> • If you remember within 6 hours of your regularly scheduled dose: take the tablet immediately and then take your usual dose at the regularly scheduled time. • If you remember more than 6 hours after your scheduled dose: miss that particular dose and take your usual next dose when it is due. <p>NEVER double the prescribed dose in a single day. Never take larger or more frequent doses.</p>
9.	<p>Adherence: Apixaban has a shorter half-life than warfarin and efficacy is more likely to be affected if poorly adherent.</p>
10.	<p>Monitoring:</p> <p>Occasionally anticoagulant assays are needed to check levels in the context of weight extremes, renal failure or interacting medications and these should be guided by a haematologist. Routine monitoring of the FBC, U&E and LFT are required. Deterioration may require stopping/ a dose change/ switch to another anticoagulant. As per primary care prescriber guidelines:</p> <ul style="list-style-type: none"> • Monitor FBC, U&E and LFT at least annually • Perform additional U&E checks every 6 months if: <ul style="list-style-type: none"> • >75yrs • Frail (defined as ≥3 of the following criteria: unintentional weight loss, self-reported exhaustion, weakness assessed by handgrip test, slow walking speed/gait apraxia, low physical activity) • CrCl 30–60ml/min • Perform additional U&E checks every 3 months if: <ul style="list-style-type: none"> • CrCl 15-29ml/min <p>For patients being monitored by the GP refer to Primary Prescriber information in trust Shared Care Guidelines.</p> <p>Standard clotting tests do not predict the effect of direct anticoagulants</p>
11.	<p>Side effects of Apixaban (and what to do if experienced):</p> <p>Monitor at home:</p> <ul style="list-style-type: none"> • Bruising (monitor size and growth) • Bleeding gums (ensure dental health is sufficient) • Nose bleeds (plug, pinch nose, use of cold pack, remain still and calm) <p>Seek medical attention (GP/ local anticoagulant clinic):</p> <ul style="list-style-type: none"> • Nose bleeds (lasting for >10 minutes, daily, difficult to control even with plugging) • Spontaneous bruising • Abnormally heavy periods or unexpected vaginal bleeding • Light red urine <p>Seek medical attention (call NHS 111/ 999):</p> <ul style="list-style-type: none"> • If involved in major trauma, suffer a significant injury to the head or are unable to stop bleeding (lasting >10 minutes) – seek immediate medical attention by calling an ambulance • Severe headaches • Red or black stools • Coughing up or vomiting blood or ground coffee like material

	<ul style="list-style-type: none"> • Bleeding that does not stop with appropriate first aid • Blood clots in urine • Severe bruising (spontaneous and unexplained) <p>Any other side effects, discuss with GP or anticoagulant clinic. For DVT/PE patients: recurrence of thromboembolism: seek medical help if original symptoms recur. Risk is low if adherent. Also provide trust DVT and PE patient information leaflets for specific signs and symptoms.</p>
12.	<p>Potential for drug interactions: may be affected by some medicines/herbal preparations (see SPC for apixaban e.g. ketoconazole, rifampicin)</p> <p>Therefore:</p> <ul style="list-style-type: none"> • Patients should always let a doctor, dentist or pharmacist know that they are on apixaban • Not to take aspirin, clopidogrel or any other anti-platelet therapy unless prescribed by doctor who is aware of apixaban therapy, as increased risk of bleeding. Avoid NSAIDs such as ibuprofen, aspirin, diclofenac, naproxen etc (paracetamol or codeine is preferred) • Combinations of anticoagulants and antiplatelets should be reviewed with clinicians to determine whether the antiplatelet can be stopped. Consider prophylaxis against gastritis e.g. proton pump inhibitor
13.	<p>Alcohol intake: alcohol is not expected to affect apixaban levels per se. However, excess alcohol consumption is generally not advised for anticoagulated patients, due to the risks of alcohol associated acute injuries (e.g. head injuries) and chronic liver disease (which may affect coagulation).</p>
14.	<p>Contraception, pregnancy, and hormone replacement therapy (if relevant): Women should not become pregnant nor breast feed whilst taking apixaban. Reliable contraception is required. If a DVT/PE patient is currently taking HRT/OCP then discussions are required regarding stopping or appropriate choice (generally avoid oestrogen-containing preparations; progesterone only pill/implant/coil are preferred). Ensure pregnancy has been excluded now. For women taking apixaban who may be pregnant, discuss alternatives with a Haematologist/obstetrician. If planning to become pregnant, the patient should plan alternatives with their GP and/or Haematologist.</p>
15.	<p>Hobbies and leisure activities: activities which may lead to injury, especially of the head (e.g. skiing, horse riding, boxing, martial arts, rugby or other contact sports) have increased risk of bruising/bleeding.</p>
16.	<p>Can obtain further supplies of apixaban from the hospital (or GP once care has been transferred). Get regular repeat prescriptions so as not to run out of tablets. Plan ahead at least 2 weeks particularly before going on holiday/bank holidays.</p>
17.	<p>They should inform healthcare professionals that they are taking apixaban if:</p> <ul style="list-style-type: none"> • admitted to hospital (to avoid duplication of therapy with standard DVT/PE thromboprophylaxis) • admitted for surgery (inform the admitting team and the pre-admission clinic) • they require an injection • they require dental procedures <p>It may or may not be necessary to withhold your apixaban, and the person doing the procedure should decide; if they are unsure they should contact the local anticoagulant clinic/ Haematology for advice (contact details in patient information leaflet and PE/DVT guidelines on WeShare). Injections: if deep/critical site e.g joint/eye/genitalia/spine it may be necessary to withhold apixaban. For vaccinations it is sufficient to delay their dose for that day until after the injection and apply prolonged pressure to the site afterwards.</p>
18.	<p>For further advice/information contact local anticoagulation clinic/GP/Hospital pharmacy (Medicines Information department). In an emergency, contact NHS 111/A&E department.</p>