Dabigatran for treatment and/or prevention of recurrence of VTE/PE (excluding prevention of VTE after hip or knee replacement) – Initiation Checklist (primary care only)

For cautions, contra-indications and interactions refer to SPCs – dabigatran 110mg and dabigatran 150mg
NICE TA 327 - Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism
Refer to: Wirral Oral Anticoagulant Guidelines
Patient details:

Name: DOB:
Weight: SrCr:

Creatinine Clearance Calculation (CrCl): Calculation of CrCl using Cockcroft and Gault equation or a reputable online CrCl calculator. Please use information in the NW Coast Strategic Network Consensus Guidance

Renal Function:

Patient's CrCl is greater than 50mls/min (**prescribe standard dose of 150mg twice daily**) ☐
Patient's CrCl is between 30-50mls/min (**as above but if bleeding risk high consider 110mg twice daily**) ☐
Patient's CrCl is less than 30mls/min (**dabigatran contra-indicated**) ☐

Indication for dabigatran as per NICE TA 327:

Dabigatran etexilate is recommended, within its marketing authorisation, as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults
Baseline checks to be undertaken – aPTT, INR, Hb, U&Es and LFTs ☐
Consider contraindications, cautions and interacting drugs using references at the top of the page.

Dabigatran standard dose 300mg taken as one 150 mg capsule twice daily following treatment with a parenteral anticoagulant for at least 5 days ☐
Reduced dose 220mg taken as 110mg capsule twice daily: ☐

1. Age > 80 years old ☐
2. Concomitant verapamil (reduced dose and ensure both drugs taken at the same time) ☐

More dosing information

300mg or 220mg dose should be selected based on an individual assessment of the thromboembolic risk and the risk of bleeding in:

1. Patients between 75-80 years ☐
2. Patients with moderate renal impairment ☐
3. Patients with gastritis, esophagitis or gastroesophageal reflux ☐
4. Other patients at increased risk of bleeding ☐

Close surveillance necessary

1. Body weight <50kg or >110kg

Duration of therapy should be individualised after careful assessment of the treatment benefit against the risk for bleeding. Short duration of therapy (at least 3 months) should be based on transient risk factors (e.g. recent surgery, trauma, immobilisation) and longer durations should be based on permanent risk factors or idiopathic DVT or PE.

Patient has been counselled, given a dabigatran alert card and pharmaceutical company patient information leaflet ☐
Patient understands the risk/benefits of dabigatran. There is a specific reversal agent. ☐

Prescriber's Signature: Date:

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