

## Edoxaban for Atrial Fibrillation – Initiation Checklist (for primary care only)

For cautions, contra-indications and interactions, refer to SPCs – [edoxaban 60mg](#) and [edoxaban 30mg NICE TA 355](#)- Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation

Refer to: [Wirral Oral Anticoagulant Guidelines](#) and [Pan Mersey guidance](#)

### 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 60mg once daily)

Patient's CrCl is between 15-50mls/min (reduced dose 30mg once daily)

Patient's CrCl is less than 15mls/min (**edoxaban contra-indicated**)

### Indication for edoxaban as per [NICE TA 355](#):

Patient has nonvalvular AF with one or more of the following risk factors:

- Heart failure, hypertension or diabetes
- Prior stroke or TIA
- ≥75 years old

**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.**

### Initiation dose of edoxaban is:

**Standard dose** 60mg once daily or

**Reduced dose** 30mg once daily

### Reason for reduced dose:

1. CrCl 15-50mls/min
2. Weight ≤ 60kg
3. Concomitant treatment with interacting drugs (see SPC above for full details.) P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole

Patient has been counselled, given an edoxaban alert card and [patient information leaflet](#)

Patient understands the risk/benefits of edoxaban, that therapy is long term and is aware that there is currently no antidote for these effects

Prescriber's Signature: \_\_\_\_\_

Date: \_\_\_\_\_