NHS Midlands and Lancashire Commissioning Support Unit

Prescribing tip for information

Direct-Acting Oral Anticoagulants (DOACs): Reminder of bleeding risk and availability of reversal agents

In response to the MHRA Drug Safety Update June 2020

Headline message: Remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs, especially in patients with increased bleeding risks.

Always refer to the SPC for the most up to date information (apixaban, dabigatran, edoxaban, rivaroxaban).

Use Pan Mersey Guidelines – DOACs in non-valvular Atrial Fibrillation

Consider Wirral Oral Anticoagulants (VKA and DOAC) Guidelines for prescribing, monitoring and management

Use DOAC initiation checklists and other resources – available from Wirral Medicines Management

Key points to consider when prescribing a DOAC:

✓ **Indication:** Check the DOAC is licensed for the indication it is being prescribed for and that the dose is correct for the indication. DOACs are not recommended in patients with antiphospholipid syndrome. Dabigatran is contraindicated and other DOACs are not recommended in patients with prosthetic heart valves.

✓ **Dose:** THINK – underlying factors that increase the risk of bleeding.

- **Age**
- **Renal function**
  - Use North West Coast Strategic Network Consensus Guidance.
  - Re assess renal function throughout treatment and adjust dosage as necessary, particularly if clinical presentation suggests a decline in renal function is likely (e.g. hypovolaemia, dehydration, co-prescribing of nephrotoxic medication).
- **Body weight**
  - The Wirral Oral Anticoagulants (VKA and DOAC) Guidelines for prescribing, monitoring and management states that "Caution is advised in patients at extremes of body weight. Patients with a low body weight (<50kg) have an increased haemorrhagic risk, patients with a high body weight (>120kg) have a lower exposure and may have reduced efficacy. Warfarin would be the preferred option in these patients."

✓ **Interactions:** Refer to the SPC and BNF for up to date information.

Note that an increase in the numbers of patients being converted from a vitamin K antagonist (e.g. warfarin) to a DOAC during the coronavirus pandemic has created an increased risk of patients being inadvertently prescribed BOTH a vitamin K antagonist and a DOAC.

Always ensure the existing anticoagulant is STOPPED when a new anticoagulant is started.

It is advisable to use the 'Replace' key on EMIS and not choose 'Add Drug' when a medication is substituted for an alternative, to prevent both items being inadvertently dispensed.

✓ **Counselling:** Advise patients newly started on a DOAC to read the patient information leaflet (PIL) and carry an alert card. Patients should be aware of the risk of bleeding and be routinely examined clinically for signs of bleeding or anaemia. Bleeding can occur at any site during treatment with DOACs. Treatment with DOACs should be discontinued if severe bleeding occurs.

✓ **Adverse effects:** Remember to report suspected adverse drug reactions on a Yellow Card, including thromboembolic or haemorrhagic events.
Any suspected adverse drug reactions associated with any medicine used in patients with confirmed or suspected COVID-19, should be reported to the COVID-19 Yellow Card reporting site.

✓ **Reversal agents:** **Dabigatran** - Praxbind (idarucizumab)
Apixaban, rivaroxaban and edoxaban - no reversal agent currently available for prescribing

To contact the Medicines Optimisation Team please phone 0151 541 5390 or contact via mlcsu.prescribingadviserswirral@nhs.net

NHS Wirral Clinical Commissioning Group

Adapted from Chorley and South Ribble CCG and Greater Preston CCG (with thanks)