Direct Oral Anticoagulants (DOACs) initiation form

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| **Patient details (Or affix addressograph)** | ***Once completed:*** |
| **Patients Name:** |  | **INPATIENTS** | Attach form to drug chart |
| **Date of Birth:** |  | **OUTPATIENTS**Boots (RBH) / Lloyds (PGH) | Attach form to prescription & send with patient |
| **Address:** |  |
| **Hospital Number:** |  |  |
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| **SECTION 1: Prescriber to complete** |  |
| **Indication for anticoagulation:** | **Non-valvular Atrial Fibrillation** |  |
| **Venous Thromboembolism** |  |
| **Age (yrs)** |  | **Weight (kg)****(N.B. See also sections 2 & 4)** |  | **Creatinine (µmol/L)** |  | **Calculated CrCl (ml/min)***Use Cockroft & Gault equation* |  |
| **Drug** |  | **Dose** **(see below)** |  | **Duration** | **Long term *OR***  |  |
| **Number of months** |  |
| **I confirm that the following points have been discussed with and understood by the patient / carer:** |
| * **Why DOAC prescribed (Risk versus Benefit)**
* **How DOAC works**
* **Duration of treatment**
* **Main side-effects**
* **Awareness of current availability of reversal agents**
* **Risk of bleeding and action required in event of bleeding or a fall**
 | * **Need for at least annual blood tests if on long term (more frequent if weight or renal function changes as may require dose change)**
* **Lifestyle considerations (e.g. contact sports)**
* **Not licensed in pregnancy (requires pregnancy test before starting)**
* **Non hormonal contraception if treating VTE**
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| **Prescriber’s Name (Print)** |  | **Signature** |  | **Date** |  **/ /** |
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| **SECTION 2 - Prescribing information** (Also see reverse for monitoring / dose adjustment advice) |
| **Drug** | **Standard AF Dose** | **Dose Adjustment Criteria (see full Anticoagulation Guidelines and SPC)** |
| Apixaban | 5mgs BD | **Use 2.5mgs BD if*** **At least TWO of the following:** Sr Cr 133µmol/L;Age ≥ 80 yrs or wt ≤ 60kg

**OR:** CrCl 15-29 ml/min (contraindicated if < 15ml/min) |
| Dabigatran | 150mgs BD | **Use 110mgs** **BD if:**Age > 80 years or taking verapamil **Also consider reduced dose** (taking into account thromboembolic risk vs bleeding risk) **if:** * Thromboembolic risk is low and bleeding risk is high
* Age 75 – 80 years
* Patients with gastroesophageal reflux, oesophagitis or gastritis
* Body weight < 50kg
* CrCl 30-50 ml/min (contraindicated if <30ml/min)
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| Edoxaban | 60mgs OD | **Use 30mgs OD if:****At least ONE of the following:** CrCl 15-50 ml/min , weight ≤ 60kgs, concomitant use of the any of the following P-gp inhibitors - dronedarone, erythromycin, ketoconazole, ciclosporin. N.B. Contraindicated if CrCl <15ml/min |
| Rivaroxaban | 20mgs OD | **Use 15mg OD if:**CrCl 15-50 ml/min (contraindicated if < 15ml/min) |
| **Drug** | **Standard VTE Dose** | **Dose Adjustment Criteria (see full Anticoagulation Guidelines and SPC)** |
| Apixaban | 10 mgs BD for 7 days then 5mgs BD | Caution if CrCl 15-29 ml/min (contraindicated if < 15ml/min) |
| Dabigatran | Treatment dose LMWH for first 5 days then 150mgs BD | As for AF adjustment criteria 110mg BD for continuation. |
| Edoxaban | Treatment dose LMWH for first 5 days then 60mgs OD | As for AF adjustment criteria. 30mg OD for continuation. |
| Rivaroxaban | 15 mgs BD for 21 days then 20mgs OD | If creatinine clearance 15–49 ml/min consider reducing to 15 mg once daily if risk of bleeding outweighs risk of recurrent deep-vein thrombosis or pulmonary embolism) |

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| **SECTION 3: Initial and Ongoing Monitoring Requirements & routine dose adjustments** |
| **Timescale** | **Monitoring requirements and actions** | ***N.B. Consider more frequent monitoring in medically unstable patients e.g. those at risk of deterioration in renal function, or fluctuation in weight (e.g. heart failure).*** |
| Baseline | FBC,U&Es (and creatinine clearance), LFTs, Weight |
| 1 week  | Dose change of Apixaban for treatment of VTE |
| 3 weeks | Dose change of Rivaroxan for treatment of VTE |
| Ongoing | Monitoring requirements as per baseline - minimum **once a year** |

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| **SECTION 4 – Additional monitoring and other advice** |
| **Monitoring factor** | **Important Notes**  |
| Adherence | Consider once vs twice daily dosing Dabagitran is unsuitable for normal medicines compliance aids. |
| Creatinine clearance | **Must be calculated using Cockroft-Gault equation** Can use calculator under ‘Doctor’s information’ on the intranet: <http://rbhintranet/creatinine/>If at risk of deterioration in renal function, monitor closely and adjust dose as appropriate |
| LFTs | Avoid in severe liver disease and disease with coagulopathy.  |
| FBC | Monitor haemoglobin as an alert to internal bleeding  |
| Weight | Low weight may necessitate a dose reduction – see SPCs of individual drugs on [www.medicines.org.uk](http://www.medicines.org.uk)Obesity may render a DOAC less effective. SPCs do not recommend dose adjustments but local guidance from haematology states:DOACs can be used in patients up to and including 120 kg. Do not use if patient weighs 150kg or over. If 121kg to 149kg, discuss with Haematology as Factor Xa levels may be required.Consider confirming appropriate action with the patient’s consultant.If at risk of sudden fluctuation of weight (e.g. heart failure, dieting) monitor closely and adjust dose if appropriate – see individual drugs. |
| Age | Dose adjustments for different age ranges – see individual drugs. |
| Adverse effects | If dyspepsia occurs ensure patient is taking with a large meal and full glass of water. Consider a PPI / H2 antagonist.Rivaroxaban must be taken with food |
| Drug Interactions | **Examples include**: Rifampicin, Macrolides, Ritonavir, Azithromycin, Ketoconazole, Itraconazole, Verapamil, Amiodarone, Dronedarone, Carbamazepine, Phenytoin, Phenobarbital, Primidone, Ciclosporin, Ranolazine. \*\***REFER TO BNF OR SPC for DOAC being prescribed\*** |

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| **SECTION 5 – Counselling Checklist: Pharmacy / Anticoagulant Clinic to complete** |
| **Dose checked** |  | **Pregnancy (contraindicated) / periods (may get heavier)**  |  |
| **Check current medicines for interactions** |  | **Alcohol (is OK – no more than 2 units/day) No binge drinking** |  |
| **Missed doses** |  | **The need to inform other healthcare professionals before any procedures** |  |
| **Side-effects (report to GP for review if troublesome)** |  | **How to obtain repeat prescriptions** |  |
| **Need for good compliance** |  | **Need for AT LEAST annual blood tests if on long-term** |  |
| **Drug interactions** |  | **When to seek medical help (signs and symptoms of unusual or internal bleeding, falls/bang to head )** |  |
| **Stopping/starting other medicines** |  | **Provide indication specific info leaflet if available (from drug company- stocks in pharmacy)**  |  |
| **Explain simple analgesia/NSAID/alternative therapies** |  | **Provide DOAC alert card** |  |
| **Counsellor Name (Please Print)** |  | **Signature** |  | **Date** |  |
| ***Once completed:*** | **Inpatients:**  | **File form in notes with drug chart** |
| **Outpatients (Boots/Lloyds):** | **Attach form to prescription** |