Preferred DOAC :APIXABAN

Prescribing tips for APIXABAN for stroke prevention in non-valvular atrial fibrillation

These prescribing tips only relate to the indication of stroke prevention in non-valvular atrial fibrillation (NVAF). For dosing information for other indications for APIXABAN please refer to the Summary of Product Characteristics (SmPC), which may be accessed freely online at www.hpra.ie and www.medicines.ie

The MMP DOAC prescribing tips can also be accessed for to ensure correct dose selection (www.hse.ie/yourmedicines)

Onset of Action: **Apixaban has a very fast onset of action (3-4 hours after first dose)**

Frequency: **MUST be taken TWICE DAILY every 12 hours**

Duration of Treatment: **Anticoagulation for stroke prevention in AF will be considered life-long therapy. As patients get older, regular review of appropriate doses, renal function and age considerations should be taken into account. MONITOR REGULARLY.**

Atrial Fibrillation: Dosing & Administration

Please consult individual SmPCs for guidance on prescribing for other indications and in special patient populations

Adjust dose for:

AGE, BODY WEIGHT, RENAL IMPAIRMENT and consider any potential DRUG INTERACTIONS

Medicines Management Programme

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Available on www.hse.ie/yourmedicines

DOSING AND ADMINISTRATION OF APIXABAN

DOSING	Stroke prevention in NVAF
Standard dose	**5 mg twice daily (BD)**
Serum creatinine > 133micromol/L (measured) ***AND*** ≥80yrs ***OR*** weight ≤60kg (or any two of three above i.e. serum creatinine, age ≥80, weight ≤60kg)	**2.5mg BD**
CrCl 15-29ml/min [use Cockroft-Gault equation (SI units)] (regardless of age or weight)	2.5mg BD – **EXTREME CAUTION**, consider alternative (review HAS-BLED and other risk factors)
CONTRAINDICATED in CrCl < 15ml/min	
SPECIAL REQUIREMENTS	
Food	There are no specific requirements for apixaban administration and the medication can be taken with or without food
Crushing	There are no recommendations on crushing the tablets in the current SPC but there is published evidence that crushing apixaban has led to comparable exposure of apixaban to the solid dosage form.

DRUG INTERACTIONS (this list is not exhaustive, review all concurrent therapies)

- **CONTRAINDICATED** with other anticoagulants
- **AVOID CONCURRENT USE** (increased bleeding risk): Strong **inhibitors** of CYP3A4 and P-gp, such as azole-antimycotics (e.g. ketoconazole, itraconazole, posaconazole, voriconazole) and HIV protease inhibitors (e.g. ritonavir) - check SmPC for more details
- **CAUTION** (risk of reduced efficacy): Strong **inducers** of CYP3A4 and P-gp (e.g. carbamazepine, phenytoin, phenobarbitone, rifampicin, St Johns Wort)
- **CAUTION** (increased bleeding risk): NSAIDS including aspirin
- Antiplatelet agents including **aspirin** will increase risk of bleeding

Contraindicated *in patients with* ***hepatic disease*** *associated with coagulopathy and clinically relevant bleeding risk. Not recommended in severe hepatic impairment.*