HIGH RISK MEDICINES:

SUPPORTING PATIENTS AND PRESCRIBERS ON A NOVEL CLASS OF ORAL ANTICOAGULANTS



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INTRODUCTION

Direct oral anticoagulants (DOACs) are a relatively new class of medicines used to prevent and treat blood clots. DOACs are considered high risk medicines due to the potential for causing a bleed.

AIM

To develop resources to assist the safe, patient-centred use of DOACs.



Unlike warfarin, DOACs do not require routine blood tests, however, they still carry a bleeding risk. In the UK bleeding risks and signs of haemorrhage due to warfarin are highlighted to patients using a standard 'yellow booklet'. This also includes an alert card for patients to carry to highlight their bleeding risk to healthcare professionals (HCPs).

It was recognised in NHS Greater Glasgow and Clyde (NHSGGC) that there was no equivalent generic booklet or alert card for DOACs and therefore these resources were developed.

In addition to patient information, given the complexity of DOAC prescribing, the need for prescribing information for HCPs was also identified and therefore a Frequently Asked Questions (FAQ) bulletin was developed.

- To develop a DOAC patient information booklet and alert card to assist collaborative decision-making and highlight key safety messages. This is expected to support self-management of patients which is a strategic priority for NHS Scotland.
- 2. To develop an online FAQ bulletin to aid safe prescribing and support clinicians.

METHODS

- A multidisciplinary group including pharmacists, doctors, nurses and a patient representative was convened to develop the DOAC booklet and alert card through a series of meetings.
- The NHSGGC 'CLEAR To All' team advised on patient-friendly language and accessibility of the booklet and alert card.
- Development of the FAQ bulletin was led by the Pharmacy Medicines Information Team in conjunction with cardiology and haematology.

RESULTS

DOAC Patient Information Booklet and Alert Card

A DOAC patient information booklet and alert card was developed. It is available on the GGC Medicines website (http://www.ggcmedicines.org.uk/) and by scanning the QR code below.

- The patient information booklet is suitable for the majority of patients on DOACs and contains information on:
- How to take the medicine



and Clyde

RESULTS

FAQ Bulletin for Healthcare Professionals

The FAQ for HCPs was developed and approved by NHSGGC Area Drug & Therapeutics Committee.

NHS

It is available on the GGC Medicines website (http://www.ggcmedicines.org.uk/) and

by scanning the QR code below.

rithm 1: DOAC choices in non-valvular AF patients with o the latest version of the manufacturer's summary of product characteristics (SPC) for full prescribing advis Apixaban 5 mg buice daily or 2.5 mg buice dail at least 2 of the following:

- How to manage missed doses
- Side effects
- Letting other people know
- Things that may affect the medicine
- Pregnancy and breast-feeding

Direct Oral Anticoagulant Alert Card

This patient is taking anticoagulant therapy This card should be carried at all times and shown to health care professionals					
Name:					
Address:					

Telephone:

CHI Number:

Postcode:

Emergency contact:





DOAC Prescribing Non-Valvular AF and f preventio	or the treatment and	Edoxaban ^A (agent of choice) or Apixaban or Bivaroxaban	Yes Prescribe:	Pre
Frequently As No. 7, Mar 2018 • Produced by NHS Greater Glas ** NB. This FAQ supersedes Mo Cont	Ked Questions agow and Clyde Medicines Information Service • <i>edicines Update Extra No. 5</i> **		Edoxaban (agent of choice) or Apixaban or Rivaroxaban	Edo (agent Api Dab
Introduction	Section 3: Questions relating to DOAC initiation	ACrushing adoxaban for patients w	with swallowing difficulties or administra	Rivar ation via nasoga
Patients with AF and a mechanical prosthetic heart valve	Switching from warfarin to a DOAC if INR is subtherapeutic			
Patients with heart murmur and new AF2	Initiating a DOAC for a new DVT6		4: DOAC choices in VTE patien	
Patients with a PE2	Section 4: Further information and advice6	Refer to the latest version of the	e manufacturer's summary of prod	luct characteri
Patients with recurrent DVTs on warfarin2	Patient education literature6		ne patient have swallowing Ities or a nasogastric tube?	
Patients with cancer and a PE2	Patient alert cards6	unica		_
Patients with cancer and a DVT3	Who should educate the patient?6	Yes	Devel	No
Recurrent DVTs on a DOAC	Communication between Acute and primary care6	Prescribe:		e patient ha pliance aid
DOAC for AF and new PE diagnosis	Monitoring requirements6	Apixaban (agent of choice)	Yes	_
DOAC for DVT and new AF diagnosis	Reversal agents	or		
DOACs for orthopaedic thromboprophylaxis	DOACs and surgery7	Edoxaban ^A (following 5 days	Prescribe:	
Section 2: Questions relating to choice of DOAC & dose	DOACs and LMWHs7	LMWH)	Apixaban (agent of choice)	
Choose the most appropriate agent and dose	Switching between DOACs7	Rivaroxaban	or Edoxaban	
Patients with renal impairment	Useful contacts for further advice7		(following 5 days LMWH)	
-	Decision making algorithm 1: DOAC choices in non- valvular AF patients without renal impairment		or Rivaroxaban	(1
Konal function calculation 4	(creatinine clearance > 50ml/min)		Rivaroxaban	
	(creating creating > semijinity minimum			(1
Do I need to recalculate creatinine clearance every	Decision making algorithm 2: DOAC choices in non-			
Do I need to recalculate creatinine clearance every year?	Decision making algorithm 2: DOAC choices in non- valvular AF patients with creatinine clearance 30 -			
Do I need to recalculate creatinine clearance every year?	Decision making algorithm 2: DOAC choices in non- valvular AF patients with creatinine clearance 30 - 50ml/min			
Do I need to recalculate creatinine clearance every year?	Decision making algorithm 2: DOAC choices in non- valvular AF patients with creatinine clearance 30 - 50ml/min	^Crushing edoxaban for patients w	with swallowing difficulties or administr	ation via naso
Renal function calculation	Decision making algorithm 2: DOAC choices in non- valvular AF patients with creatinine clearance 30 - 50ml/min	^Crushing edoxaban for patients w	ith swallowing difficulties or administra	ation via naso
Do I need to recalculate creatinine clearance every year?	Decision making algorithm 2: DOAC choices in non- valvular AF patients with creatinine clearance 30 - 50ml/min	^Oushing edoxaban for patients w	vith swallowing difficulties or administr	ation via naso
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150 mg twice daily or 110 mg twice daily if >80 years old or concomitant verapamil

high risk of bleeding and one or more of the following fact Age 75 – 79 years; If standard dose is used then it should

30mg once daily if <60kg or concomitant use of the following P-gp inhibitors: ciclosporin, dronedarone, erythromycin,

switching from warfarin, i.e not for newly diagnosed AF

Aprizaban 10 mg twice daily for 7 days then 5 mg twice daily. If long term use is indicated for prophylaxis of recurrent VTE, 2.5 mg twice daily should be prescribed after the

150 mg twice daily or 110 mg twice daily if ≥80 years old or concomitant verapamil

*Additional prescribing notes for dabigate A dose reduction to 110mg twice daily may be considered if the patient has low thromboembolic risk combined with a high risk of bleeding and one or more of the following factors: Age 75 – 79 years; if standard dose is used then it ould be reduced when patient reaches 80 years

Creatinine clearance 30 – 50ml/min Body weight of < 50kg Gastritis, oesophagitis or gastro-oesophageal reflu:

60 mg once daily or 30 mg once daily if ≤60kg or concomtant use of the following P-gp inhibitors: ciclosporin, dronedarone, erythromycin, ketoconazo

initial 6 months treatment has been complete

restricts use of rivaroxaban to paties

be reduced when patient reaches 80 years old Creatinine clearance 30 – 50mi/min Body weight of < 50kg
Gastritis, oesophagitis or gastro-oesophageal reflux

60 mg once daily or

20 mg once da

for full prescribing advice

rance > 50ml/min

*Additional prescribing notes for dabigatran A dose reduction to 110mg twice daily may also be considered if the patient has low thromboembolic risk combined with a

CONCLUSIONS

DOAC Patient Information Booklet and Alert Card

- The content of the DOAC information booklet and alert card has been agreed and is now available online. Paper copies will be available for use in the next few months.
- The booklet and alert card will be disseminated to patients via hospitals, GP practices, outpatient clinics and community pharmacies.
- Evaluation of the booklet is planned and discussions are underway with NHS Health Improvement Scotland regarding how the booklet could be rolled out across Scotland.

FAQ Bulletin for Healthcare Professionals

- The DOAC FAQ bulletin for HCPs is an established resource, well received by clinicians.
- The FAQ includes evidence based information, specific prescribing recommendations and case studies.

LET'S GET SOCIAL

- **Twitter @**NHSGGCMeds **@**UKMedicinesInfo #doacbooklet
 - **Facebook F** NHSGGC Medicines Updates

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