

NOVEL ORAL ANTI-COAGULANTS (NOACs)

What is a NOAC?

These are a group of novel anticoagulants which helps reduce the risk of clots in a number of indications, see below for further information. These are an alternative to warfarin and NOACs include – *apixaban*, *edoxaban*, *dabigatran* and *rivaroxaban*.

Common Uses

Atrial Fibrillation (AF) - Residents who have this irregular heartbeat have an increased risk of developing blood clots which can lead to a stroke (caused by interruption to blood supply to the brain). Anticoagulants reduce the risk by preventing these blood clots from forming. Treatment is normally long term.

Recent hip or knee replacement - Residents who have a hip or knee replacement may be prescribed an anticoagulant to prevent blood clots until they are able to move around. Treatment is usually short-term.

Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) - DVT is a blood clot in a deep vein, usually in the leg. Anticoagulant treatment prevents a DVT from getting larger, and prevents any new clots from forming. PE is a blockage in one of the blood vessels (arteries) in the lungs - usually due to a blood clot. In most cases anticoagulant treatment is continued until three months after the DVT or PE. Sometimes longer treatment is advised, especially if there is a high risk of recurrent clots.

Monitoring

Blood test are taken before treatment is initiated and then once or twice a year, unless the clinical situation of the resident changes. Regular INR testing is not required as with warfarin.

Before residents start treatment, the renal and liver function will need to be checked, and then repeated at least once a year. If the resident has liver or kidney problems, they may need to be checked more often.

Residents should be regularly monitored for any signs of bleeding (see below).

Drug Interactions

Food – rivaroxaban 15mg and 20mg MUST be taken with food. Other strengths of rivaroxban and other NOACs are not affected by food.



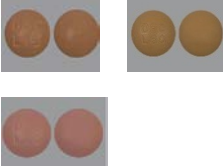

Drink – Alcohol can interact with NOACs and have an effect on bleeding.

Other medication – NOACs interact with several types of medicines including medicines bought over the counter and herbal remedies, therefore it is very important that the resident's GP is informed if they take any homely remedies which have been purchased by themselves or their family. See the patient information leaflet for the list of drugs.

July
2019

Good Practice Guidance documents are believed to accurately reflect the literature at the time of writing. However, users should always consult the literature and take account of new developments because these may affect this guidance

Method of Administration

Apixaban (Eliquis®)  2.5mg and 5mg tablet	Dabigatran (Pradaxa®)  75mg, 110mg and 150mg capsules	Edoxaban (Lixiana®)  15mg, 30mg or 60mg tablets	Rivaroxaban (Xarelto®)  10mg, 15mg and 20mg tablets
<p>Should be swallowed whole with glass of water, with or without food.</p> <p>The tablets can be crushed and mixed with water, 5% dextrose in water, apple juice or apple puree.</p>	<p>Can be taken with or without food.</p> <p>Swallowed whole with a glass of water.</p> <p>Do not open capsules, as this can increase the risk of bleeding.</p> <p>Cannot be put into a monitored dosage system and must be kept separate.</p> <p>When taking capsules out of the blister pack, the following instructions should be followed:</p> <ul style="list-style-type: none"> • The hard capsules should be taken out of the blister card by peeling off the backing foil • The hard capsules should not be pushed through the blister foil. • The blister foil should only be peeled off, when a hard capsule is required. 	<p>Can be taken with or without food.</p>	<p>2.5mg and 10mg tablets can be taken with or without food.</p> <p>15mg and 20mg tablets must be taken with food.</p>
<p style="text-align: center;">THE MEDICINES SHOULD NOT BE CRUSHED WITHOUT DISCUSSION WITH AN APPROPRIATE HEALTHCARE PROFESSIONAL SUCH AS GP OR PHARMACIST.</p>			

POINTS TO NOTE

It is very important that the NOAC is taken as prescribed.	This will be either once daily or twice daily (12 Hour apart) depending on the drug or indication.
The protective effect lasts 12-24 hours after the last dose.	The action to be taken if a resident misses a dose should be agreed with their GP and included in the resident's care plan. This will vary dependent on the NOAC prescribed, the condition being treated and the time remaining before the next dose. If the resident refuses their medication the GP should be informed.
Every resident on a NOAC must have this clearly stated on the front of their care plan. The dose of dabigatran /rivaroxaban/ edoxaban /apixaban must be clearly stated on the MAR sheet, including if missed or refused and END DATE put on MAR if for hip/knee replacement.	Every resident on a NOAC must have an 'alert card'.
Where residents self-administer their medication they should be advised and monitored to ensure they understand any change in their dosage.	

Useful contacts

East and North Hertfordshire CCG Care Home Pharmacy Team
Tel: (01707) 685000 or email: ENHCCG.vanguardpharmacists@nhs.net



East and North
Hertfordshire
Clinical Commissioning Group

Excessive Bleeding /Side Effects

The residents GP needs to be informed if they-suffer from excessive bleeding such as:

- Prolonged bleeding from cuts.
- Bleeding that does not stop on its own.
- Nose bleeds.
- Bleeding gums.
- Red or dark brown urine.
- Red or black stools
- Severe or unexplained bruising (or bruises that get bigger).
- Blood in the urine
- Unexpected new pain, swelling or discomfort in the joint.

In order to consider potential internal bleeding seek medical advice or referral to the Local Accident and Emergency department if the resident sustains a fall or injury to their head or face.

Alert Cards

Dabigatran:
<https://www.pradaxa.co.uk/patient/alert-card>

Edoxaban:
<https://www.medicines.org.uk/emc/rmm/227/Document>

Rivaroxaban: please follow link to document "Xarelto Patient Alert Card"
<https://www.medicines.org.uk/emc/product/6402/rmms>

Apixaban: please click on the risk materials tab
<https://www.medicines.org.uk/emc/product/4756/pil>

Appendices:

Counselling check list:
http://www.enhertscgg.nhs.uk/sites/default/files/content_files/Prescribing/Local_Decisions/Cardiovascular_system/Anticoagulants/Oral%20anticoagulant%20counselling%20checklist%20Prescripp%20resource%20201507.pdf

Patient Information Leaflet (PIL):
http://www.enhertscgg.nhs.uk/sites/default/files/content_files/Prescribing/Local_Decisions/Cardiovascular_system/Anticoagulants/Stroke%20risk%20and%20anticoagulation%20in%20AF%20PIL1%20v3.pdf

Version	1.1
Developed by	Care Home Pharmacy Team, Pharmacy and Medicines Optimisation Team, ENHCCG
Date ratified	Noted and Approved for Dissemination by Primary Care Medicines Management Group (PCMMG), ENHCCG; updated July 2019 in line with MHRA DSU
Review date	July 2021