Edinburgh Cancer Centre

Insert addressograph here

Edinburgh Cancer Centre
Western General Hospital
Crewe Road South
Edinburgh

Date_____ _____

Dear Dr _____

Outpatient thromboprophylaxis

Apixaban 2.5mg bd has been approved for use in some ambulatory outpatients with active cancer or starting cytotoxic chemotherapy who are at high risk of thrombosis based on results of the AVERT trial. Apixaban thromboprophylaxis might therefore be offered to patients with:

- Khorana score ≥2 (based on type of cancer, and/ or baseline bloods and/or type of SACT)
- Thrombophilia – if predates malignancy this will be discussed with patient's haematologist
- Local audit data demonstrating a cytotoxic chemotherapy regimen has a thrombosis risk of >10%

Apixaban dose for thromboprophylaxis in patients starting cytotoxic with thrombosis risk >10%		
Recommended dose	2.5mg twice daily for at least 6 months	
Special circumstances:		
Renal Impairment	CrCl <30ml/min	Apixaban thrombo-prophylaxis NOT recommended
Hepatic Impairment	AST/ALT > 2xULN or bilirubin >1.5x ULN	
Bleeding history, tumour with high risk of bleeding, new bleeding		
Strong inhibitors of CYP3A4 **and** P-gp	ketoconazole, itraconazole, voriconazole, posaconazole, ritonavir	
Strong inducers of CYP3A4 **and** P-gp	Rifampicin, phenytoin, carbamazepine, phenobarbital, St John's Wort	

Patient details

Name		CHI	
Consultant		Cancer diagnosis	
Clot risk factors			

Apixaban hospital prescription

Date:	Apixaban 2.5mg BD	28 day supply on hospital outpatient prescription

Action required from GP - please prescribe:

	Dose (units)	Time period
Apixaban	2.5 mg orally twice daily	6 months (or longer if remains on chemotherapy)

If you anticipate any problems with this prescription, contact the consultant's secretary through WGH switchboard on 0131 537 1000. Please note the c**autions and contraindications on P2.**
With thanks

Dr (signature)_____ (print) _____ Date _____

Cautions and contraindications for apixaban prescribing

Concomitant medication

- Apixaban metabolism is affected by:
    - CYP3A4 inhibitors (eg triazole and imidazole antifungals [except fluconazole], protease inhibitors [HIV antiviral drugs])
    - CYP3A4 inducers (eg rifampicin, phenytoin, carbamazepine, St. John's wort)

Patient comorbidity or changes in patient condition

- Apixaban should not be used in any patients with severe renal impairment (eGFR < 30mL/min)
- Apixaban should not be used in patients with severe liver impairment with coagulopathy
- If the patient develops severe renal or liver impairment (or must commence any of the interacting drugs above) while taking apixaban, ongoing anticoagulation should be discussed with the patient's oncologist or with a haematologist.
- If the patient develops any bleeding symptoms during the course of treatment with apixaban, the patient should be discussed with a haematologist
    - The half-life of apixaban is 10 – 14 hours (ie shorter than warfarin)

Prior to discharge the patient will have been:

- told that they need to inform the dentist or surgeon that they are taking apixaban should they require a dental or surgical procedure.
- issued with an 'Apixaban Patient Alert Card' or appropriate alternative.
- told to seek medical attention if they experience symptoms of bleeding.
- told that if they sustain a significant injury, particularly involving the head, then they must seek medical attention.
- told to contact you if they become pregnant – with the intention that you can refer them on via RefHelp Guidance.

Please email or send to GP and then ensure this communication is filed in patient's hospital medical notes