

Decision Aid for Medicines Optimisation Review of Patients Prescribed DOACs

Consider the following options based on the patient's co-morbidities and risk scores and determine best alternative considering patient preference and dose frequency

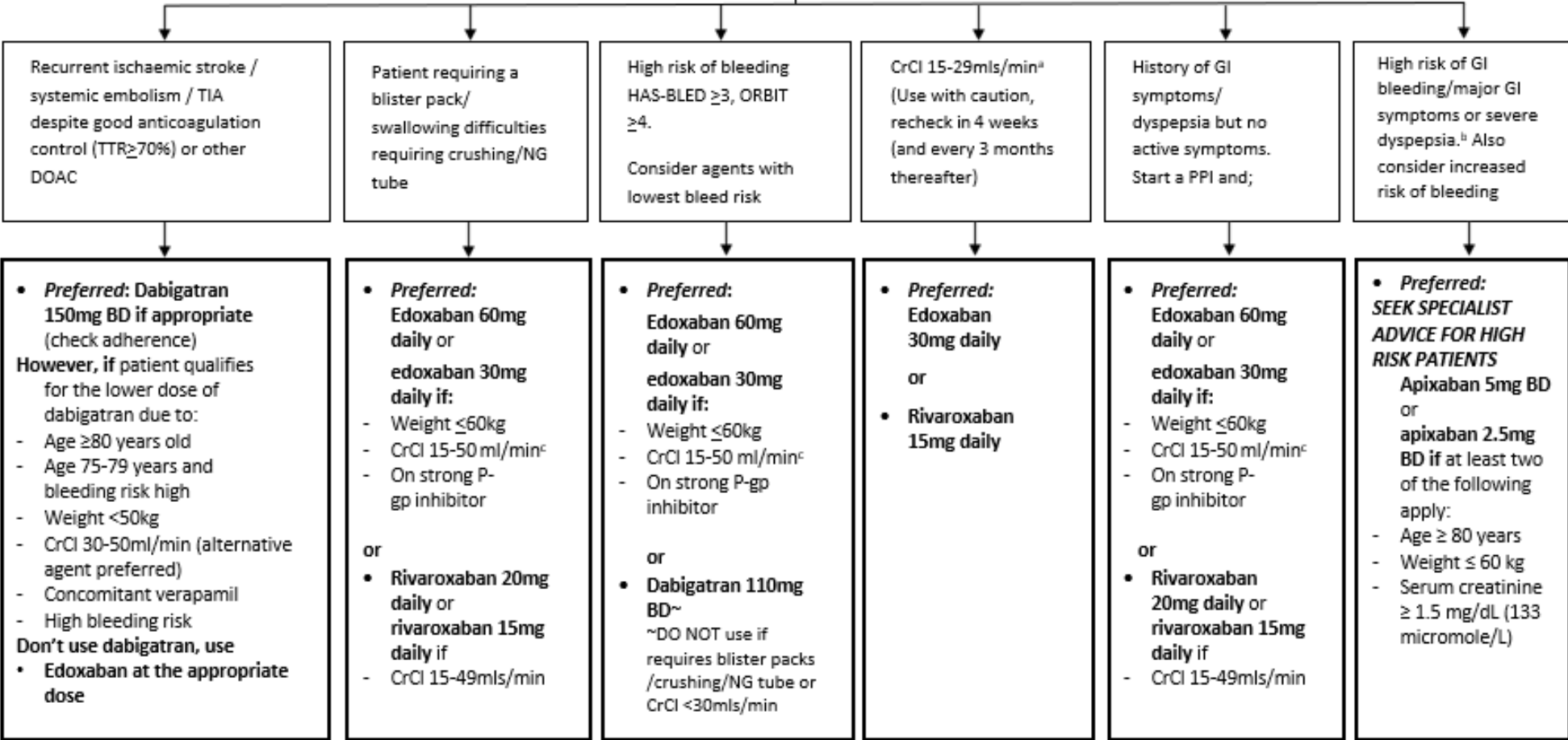


Table to support with decision of DOAC

Patient Characteristics	Preferred Choice DOAC Recommended
Recurrent ischaemic stroke/systemic embolism/TIA despite good anticoagulation control (TTR\geq70%) or other DOAC	Dabigatran 150mg BD preferred if high dose appropriate
Patient requiring blister pack or poor swallowing requiring tablets to be crushed	Edoxaban preferred Avoid dabigatran
High risk of GI bleeding	Apixaban preferred
Major GI symptoms or severe dyspepsia. Also consider increased risk of bleeding	Apixaban preferred
High risk of bleeding (HAS-BLED \geq3 /ORBIT \geq4) excluding gastric bleeding	Edoxaban preferred (or Apixaban if clinician preference)
Patient preference for once daily	Edoxaban preferred
Moderate – severe renal impairment CrCl 30-50mls/min	Preferred Apixaban 5mg BD unless requires low dose apixaban then Edoxaban 30mg preferred ^c
CrCl 15-29mls/min^a - Use with caution, recheck in 4 weeks (and every 3 months thereafter)	Edoxaban 30mg daily preferred
History of GI symptoms/ dyspepsia but no active symptoms	Start a PPI and edoxaban preferred

- a) CrCl<20mls/min consider if OAC appropriate
b) Specialist advice should be sought for patients at high risk of bleed
c) Licensed dose for edoxaban if CrCl 15-50mls is 30mg daily. Guidance recommends patients with CrCl 30-50mls/min who are on apixaban 5mg BD should not be changed to a low dose DOAC e.g. edoxaban 30mg unless clinically desirable to do so

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