

PATIENT INFORMATION LEAFLET

EDOXYBAN FOR THE TREATMENT OF NON-VALVULAR ATRIAL FIBRILLATION

- **What if too many tablets are taken?**

In the event of taking too many doses at once, there is an increased risk of bleeding. Patients should contact their GP surgery or local hospital casualty department immediately and take the edoxaban packaging to show the clinician.

- **How should the tablets be stored?**

Always check the expiry date on the packaging; the tablets should not be taken if the expiry date has passed.

Unless the pharmacist provides medication in an alternate form, such as in blister packs or a compliance box, edoxaban tablets should be kept in their original packaging and stored in a dry place below 25°C. **Keep all medicines well out of the reach of children – it is best to lock them in a cupboard or medicine cabinet.**

- **Will edoxaban interact with other medicines, food or alcohol?**

There are some medicines that edoxaban interacts with. Some medicines can increase the risk of side-effects if taken with edoxaban. Patients should inform their clinician of all the medicines they are taking (including prescription and over-the-counter medicines, vitamins, herbal supplements etc.).

At present there are no known interactions of edoxaban with specific foods or alcohol.

- **Should patients stop taking edoxaban if they are going to have a dental or medical procedure?**

Patients should not stop taking edoxaban without first talking to their clinician or dentist. Edoxaban may need to be stopped for one or more days before any planned surgery, dental or medical procedure but you will be advised about this.

All patients should be given the edoxaban alert card and counselled on the details. This should be carried with them at all times.

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. There can be different factors that cause atrial fibrillation - where the heart valves are not involved, and atrial fibrillation is caused by conditions such as high blood pressure or stress, it is referred to as non-valvular atrial fibrillation (NVAF).

People with NVAF are at increased risk of having a stroke. They should be assessed by a clinician to determine the individual risk of a stroke and discuss whether medication should be started to reduce the risk. Medicines used to reduce the risk of stroke in patients with atrial fibrillation are known as anticoagulants. This leaflet has been devised to provide information about an anticoagulant (edoxaban) in conjunction with the advice from your clinician.

- **What is edoxaban for?**

Edoxaban (Lixiana®) is an anticoagulant (like dabigatran (Pradaxa®), rivaroxaban (Xarelto®) and apixaban (Eliquis®)). Collectively these anticoagulants are referred to as DOACs (Direct oral anticoagulants).

DOACs are used to lower the risk of blood clots developing in patients who have NVAF as well as other risk factors for stroke. A blood clot which blocks an artery (blood vessel) is called an embolism. If the embolism occurs in the arteries of the brain, it can cause a stroke. Anticoagulants slow down the time it takes for your blood to clot and reduce the risk of these events happening.

- **For patients with NVAf, is it worth changing from one DOAC to another?**

Recent guidance states that apixaban, dabigatran, edoxaban and rivaroxaban are all suitable treatments for NVAf. Following a national agreement, edoxaban is the most cost-effective of these and should be used for most patients unless there is a clinical reason not to.

This also means that if patients have been started on another DOAC, and it is clinically appropriate switching them to edoxaban, then this will be discussed as an option.

- **Is there risk of bleeding with edoxaban?**

Anticoagulants affect blood clotting therefore patients are likely to experience side-effects such as bruising and bleeding.

As all the DOACs are equally effective national guidance recommends treatment should be based on individual patient factors, bleeding risk and any other conditions that a patient may have. The clinician reviewing the anticoagulation treatment will consider all this when deciding which DOAC is clinically appropriate to use.

Where there are multiple clinically appropriate options, clinicians are encouraged to use options with the lowest cost.

- **If a patient has excessive bleeding, can the anticoagulant effect of edoxaban be reversed?**

Reversing of anticoagulation has been discussed by national and regional experts and there are treatments available for all DOACs which could be considered if rapid reversal is required.

- **Are regular blood tests needed to monitor edoxaban levels?**

There is no need for regular blood tests to measure the level of anticoagulant control with any of the DOACs, including edoxaban. However, a blood test is needed to measure how well the kidneys are working before starting treatment. The blood test also provides information on iron levels and how the liver is working. Weight is also checked to decide what dose should be prescribed.

Tests are repeated at least once a year whilst on edoxaban treatment but can be more frequent; the clinician will discuss the frequency of monitoring with you as it varies between patients.

- **When and how is edoxaban taken?**

Medicines should always be taken as advised by the clinician. If edoxaban is not taken regularly it will not be effective and the risk of a clot forming will increase.

The clinician will advise how to start taking the edoxaban tablets. To prevent waste it is recommended to use up the supply of the existing DOAC before starting the edoxaban.

The dose is usually 60mg **once a day**. This dose may be reduced to 30mg **once a day** if there are kidney problems, if the patient is taking other medicines which interact with edoxaban or if there is a higher risk of bleeding. The clinician will explain the dose before starting.

Edoxaban can be taken with or without a meal, preferably with water.

- **What are the possible side-effects of this medicine?**

As this medicine affects blood clotting, most side-effects are related to signs such as bruising or bleeding. The clinician should be informed immediately if any of the following side-effects arise: long or excessive bleeding, exceptional weakness, tiredness, paleness, dizziness, headache or unexplained swelling. Any blood in the urine or passing black tarry or blood-stained stools should also be reported.

Due to an increased risk of bleeding patients should seek urgent medical attention if they fall or injure themselves during treatment, especially if they hit their head.

- **What if a dose is missed?**

It is important not to skip doses. If a dose is missed edoxaban should be taken immediately and continued the following day with the once daily intake, as recommended. The dose should **not** be doubled within the same day to make up for a missed dose.