**Tips when switching alternative DOACs to Edoxaban**

* Be familiar with all the documents in the resource pack.
* Prior to switching, liaise with the local community pharmacy to ensure they have an adequate supply of Edoxaban.
* Patient-centred clinical decision
  + GPs, pharmacists, or prescribers are responsible for making the clinical decision whether the DOAC switch to Edoxaban is appropriate for each individual patient.
  + Consultations should completed alongside the patient, either face to face or via telephone call if appropriate
  + As anticoagulants are high risk drugs, it is **not** appropriate to complete the switch without speaking to the patient.
* Ensure up to date bloods (U&Es, FBC, LFTs), BP and weight are completed in the preceding 3 months to ensure CrCl, CHA2DS2-VASc and ORBIT/HAS-BLED scores can be calculated accurately.
* Check the indication for the DOAC – ensure this is solely for NVAF.
* The usual dose of Edoxaban is 60mg daily. Be aware of the following factors when Edoxaban requires a reduced dose of 30mg daily.
  + CrCl ≤50ml/min
  + Weight ≤60kg
  + On interacting medication (Ciclosporin, dronedarone, erythromycin, ketoconazole)
* Ensure the patient is aware to complete the remainder of the old DOAC before switching to Edoxaban.
* Details of how to switch alternative DOACs to Edoxaban is available in the resource pack.
* Provide counselling and safety netting advice, ensure the patient is aware of the Alert Card, what to do / who to contact if they have any concerns, side effects, bleeding etc.
* Provide the patient with the Patient Information Leaflet – available in the resource pack.
* Make an appointment for follow up and monitoring.