



University Hospitals Sussex

NHS Foundation Trust

General Prescribing Information for Direct Acting Oral Anticoagulants (DOACs)- rivaroxaban, apixaban, edoxaban, dabigatran

Baseline bloods: FBC, U&Es, LFTs and clotting screen

Contra-Indications:

Active clinically significant bleeding. Lesion or condition, if considered to be a significant risk for major bleeding eg current or recent gastrointestinal ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent brain, spinal or ophthalmic surgery ([see epidural policy](#)), recent intracranial haemorrhage, known or suspected oesophageal varices, arteriovenous malformations, vascular aneurysms or major intraspinal or intracerebral vascular abnormalities. Hepatic disease associated with coagulopathy and clinically relevant bleeding risk including cirrhotic patients with Child Pugh B and C

DOACs are contra-indicated in patients with **mechanical heart valves** requiring anticoagulant treatment

DOACs are not recommended in patients with **antiphospholipid syndrome** who are triple positive or with a history arterial events or microvascular thrombotic events.

DOACs at extremes of body weight

Rivaroxaban and apixaban can be used at standard doses for VTE and AF in patients who weigh $\leq 150\text{kg}$ or $\text{BMI} \leq 50$ - see [ISTH 2021 update on DOACs in obesity](#).

DOAC anti-xa levels are not routinely available at Worthing and St Richard's Hospitals

DOACs at extremes of body weight (VTE and AF)	Patient weight			
DOAC	<50kg	50kg-120kg or $\text{BMI} \leq 40 \text{ kg/m}^2$	>120kg and $\leq 150\text{kg}$ or $\text{BMI} >40$ and $\leq 50\text{kg/m}^2$	>150kg or $\text{BMI} >50 \text{ kg/m}^2$
Rivaroxaban	DOACs not routinely recommended, limited evidence, increased bleeding risk especially with renal impairment. Anti-xa levels can be considered. Discuss with anticoagulation and VTE team or oncall haematologist for advice.	Standard BNF dosing for all DOACs. For patients with high clot burden or high risk PE, give 5-7 days of treatment low molecular weight heparin before considering switch to DOAC.	More supportive data exist for rivaroxaban than apixaban in this weight range therefore rivaroxaban is recommended to be used first line. Anti-xa levels not required. For patients with high clot burden or high risk PE, give 5-7 days of treatment low molecular weight heparin before considering switch to rivaroxaban.	All patients should be discussed with haematology consultant. Rivaroxaban at standard doses can be considered with trough anti-xa levels. For patients with high clot burden or high risk PE, give 5-7 days of treatment low molecular weight heparin before considering switch to rivaroxaban.
Apixaban			Apixaban is second line choice as more limited data than rivaroxaban to support use in this weight range. Anti-xa levels not required. For patients with high clot burden or high risk PE, give 5-7 days of treatment low molecular weight heparin before considering switch to apixaban.	Do not use
Edoxaban			Do not use	Do not use
Dabigatran			Do not use	Do not use

Long term VTE prevention

Patients with weight > 120kg or BMI >40kg/m² who need longterm anticoagulation for VTE prevention should continue on 20mg once daily Rivaroxaban as there is insufficient evidence to support dose reduction to long term prevention dose Rivaroxaban 10mg once daily in these patients.

Management of bleeding for patients on DOACs

See guidance on microguide :

[Management of bleeding in patients taking DOACs](#)

[Management of Intracranial Haemorrhage in patients taking DOACs/NOACs](#)

DOAC reversal agents:

See microguide: [Microguide DOACs reversal guidance](#)

References:

[ISTH guidance on the use of DOACs in obese patients 2021](#)

[NICE guidance 158 Venous thromboembolic diseases: diagnosis, management and thrombophilia testing](#)

[MHRA drug safety update on DOACs and patients with antiphospholipid syndrome](#)

[rivaroxaban smpc](#) [apixaban smpc](#) [edoxaban smpc](#) [dabigatran smpc](#)

Useful topic summary : [NICE Clinical Knowledge Summary Oral Anticoagulation](#)