ELIQUIS® (apixaban) 2.5 mg & 5 mg
Film-coated Tablets Prescribing Information
Consult summary of product characteristics (SmPC) prior to prescribing and for full list of adverse reactions.

PRESENTATION: Film-coated tablets; 2.5mg and 5mg apixaban.

INDICATION: Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF) with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA), age ≥ 75 years, hypertension, diabetes mellitus or symptomatic heart failure (NYHA Class ≥ II). Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adult patients with malignancy and haemodynamically unstable PE patients. Prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective hip or knee replacement surgery. Therapy should be continued long term.

Treatment of DVT, treatment of PE and prevention of recurrent DVT and PE (VTE): The recommended dose for the treatment of acute DVT and treatment of PE is 10 mg taken twice daily for the first 7 days followed by 5 mg taken twice daily. As per available medical guidelines, short duration of treatment (at least 3 months) should be based on transient risk factors (e.g. recent surgery, trauma, infection). The recommended dose for the prevention of recurrent DVT and PE is 2.5 mg taken twice daily. When prevention of recurrent DVT and PE is indicated, the 2.5 mg dose should be given at the following completion of 2 months of treatment with Eliquis 5 mg twice daily or with any other anticoagulant.

The duration of overall therapy should be individualised after careful assessment of the treatment benefit and the risk for bleeding. Prevention of VTE (VTE): elective hip or knee replacement surgery: The recommended dose is 2.5 mg taken twice a day. The initial dose should be taken 12 to 24 hours after surgery. In patients undergoing hip replacement surgery, the recommended dose is 325 mg at 12 and 24 hours postoperatively. In patients undergoing knee replacement surgery, the recommended duration of treatment is 10 to 14 days. Missed Dose For All Indications: If a dose is missed, Eliquis should be taken immediately at the next available treatment window. Switching: switching from parenteral anticoagulants to Eliquis (and vice versa) can be done at the next scheduled dose. These medicinal products should not be administered simultaneously. Switching treatment from VKA therapy to Eliquis: warfarin or other VKA therapy should be discontinued and Eliquis started when the international normalized ratio (INR) < 2.

Switching treatment from Eliquis to VKA therapy: administration of Eliquis should be continued for at least 2 days after beginning VKA therapy. After 2 days of co-administration of Eliquis with VKA therapy, an INR should be obtained prior to next scheduled dose of Eliquis. Co-administration of Eliquis and VKA therapy should be continued until the INR is ≥ 2.

Renal impairment: No dose adjustment in mild or moderate renal impairment. Eliquis is to be used with caution in severe renal impairment (creatinine clearance < 15 ml/min). Patients with severe renal impairment (creatinine clearance < 15 ml/min) or dialysis should be monitored for signs of bleeding. This includes interventions for which any bleeding that occurs is expected to be minimal, non-critical in its location or easily controlled. If surgery or invasive procedures cannot be delayed, appropriate caution should be exercised, taking into consideration an increased risk of bleeding. This risk of bleeding should be weighed against the urgency of intervention. Eliquis should be restarted after the invasive procedure or surgical intervention as soon as possible.

Hepatic impairment: Contraindicated in patients with hepatic disease associated with coagulopathy and clinically relevant bleeding risk. Not recommended in patients with severe hepatic impairment. Use with caution in patients with mild or moderate hepatic impairment (Child Pugh A or B). No dose adjustment is required in patients with mild or moderate hepatic impairment. Use with caution in patients with severe hepatic impairment. Use immediately after administration of Eliquis, with caution, when necessary to maintain an open central venous or arterial catheter (refer to SmPC).

SPECIAL WARNINGS AND PRECAUTIONS: Haemorrhage risk: Carefully observe for signs of bleeding. Use with caution in conditions with increased risk of haemorrhage. Discontinue administration if severe haemorrhage occurs. Interaction with other medicinal products: Concomitant treatment with any other anticoagulant is contraindicated (see contraindications). The concurrent administration of Eliquis with other anti-inflammatory drugs may increase the risk of bleeding. Care is to be taken if patients are treated concomitantly with non-steroidal anti-inflammatory drugs (NSAIDs), including acetylsalicylic acid. Following surgery, other platelet aggregation inhibitors are not recommended concomitantly with Eliquis. Concomitant treatment with antiplatelet therapy or other risk factors for major bleeding, such as surgery, anticoagulant therapy, and/or drug use that may compromise platelet function. There is a small risk of increased bleeding following neuraxial intervention the physician should consider the potential benefit versus the risk in anticoagulated patients or in patients to be anticoagulated for thromboembolic prophylaxis.

There is no clinical experience with the use of Eliquis with indwelling intrathecal or epidural catheters. In cases where there is such need and based on the general PK characteristics of Eliquis, a time interval of 20-30 hours (i.e. 2 x half-life) between the last dose of Eliquis and catheter withdrawal should elapse, and at least one dose of Eliquis should be omitted before catheter withdrawal. The next dose of Eliquis may be given at least 5 hours after catheter removal. As with all new anticoagulant medicinal products, experience with neuraxial blockade is limited. Urgent diagnosis and treatment is necessary. Prior to neuraxial intervention the physician should consider a temporary discontinuation of Eliquis. There is no clinical experience with the use of Eliquis with indwelling intrathecal or epidural catheters. In cases where there is such need and based on the general PK characteristics of Eliquis, a time interval of 20-30 hours (i.e. 2 x half-life) between the last dose of Eliquis and catheter withdrawal should elapse, and at least one dose of Eliquis should be omitted before catheter withdrawal. The next dose of Eliquis may be given at least 5 hours after catheter removal. As with all new anticoagulant medicinal products, experience with neuraxial blockade is limited. Urgent diagnosis and treatment is necessary. Prior to neuraxial intervention the physician should consider the potential benefit versus the risk in anticoagulated patients or in patients to be anticoagulated for thromboembolic prophylaxis.

Elderly patients: increasing age may increase haemorrhagic risk. Also, the co-administration of Eliquis with ASA in elderly patients should be used cautiously because of a potentially higher bleeding risk. Body weight: low body weight (< 60 kg) may increase haemorrhagic risk. Hepatic impairment: see dosage and administration section. Interaction with other medicinal products: Concomitant treatment with any other anticoagulant is contraindicated (see contraindications). The concurrent administration of Eliquis with other anti-inflammatory drugs may increase the risk of bleeding. Care is to be taken if patients are treated concomitantly with non-steroidal anti-inflammatory drugs (NSAIDs), including acetylsalicylic acid. Following surgery, other platelet aggregation inhibitors are not recommended concomitantly with Eliquis. Concomitant treatment with antiplatelet therapy or other risk factors for major bleeding, such as surgery, anticoagulant therapy, and/or drug use that may compromise platelet function. There is a small risk of increased bleeding following neuraxial intervention the physician should consider the potential benefit versus the risk in anticoagulated patients or in patients to be anticoagulated for thromboembolic prophylaxis.
Hip fracture surgery: Eliquis has not been studied in clinical trials in patients undergoing hip fracture surgery to evaluate efficacy and safety in these patients. Therefore, it is not recommended in these patients.

Laboratory parameters: Clotting tests (PT, INR, and aPTT) are affected as expected by the mechanism of action of apixaban. Changes observed in these clotting tests at the expected therapeutic dose are small and subject to a high degree of variability (see SmPC).

Information about excipients: Eliquis contains lactose. Patients with galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Eliquis.

DRUG INTERACTIONS: Medicinal products associated with serious bleeding are not recommended concomitantly with Eliquis, such as: thrombolytic agents, GPIIb/IIIa receptor antagonists, thienopyridines (e.g. clopidogrel), dipyridamole, dextran and sulfonpyrazone.

Due to an increased bleeding risk, concomitant treatment with any other anticoagulants is contraindicated.

Administration of activated charcoal reduces Eliquis exposure. Also see contraindications, special warnings and precautions and drug interactions for full details on interactions.

PREGNANCY AND LACTATION: Pregnancy: Not recommended during pregnancy.

Breastfeeding: Discontinue breastfeeding or discontinue Eliquis therapy.

UNDESIRABLE EFFECTS: Increased risk of occult or overt bleeding from any tissue or organ, which may result in post haemorrhagic anaemia. The signs, symptoms, and severity will vary according to the location and degree or extent of the bleeding.

Prevention of VTE in adult patients who have undergone elective hip or knee replacement surgery (VTEp): Common (≥ 1/100 to < 1/10): anaemia, haemorrhage, haematoma, oedema, contusion. Uncommon (≥1/1,000 to < 1/100): thrombocytopenia; specific haemorrhage such as gastrointestinal, post procedural, incision site, operative; haematochezia. Rare (≥1/10,000 to < 1/1,000): hypersensitivity, allergic oedema and anaphylaxis; specific haemorrhage such as eye (including conjunctival), rectal, muscle; haemoptysis.

Prevention of stroke and systemic embolism in adult patients with NVAF, with one or more risk factors (NVAF): Common (≥ 1/100 to < 1/10): specific haemorrhage such as eye (including conjunctival), gastrointestinal, rectal; haemorrhage, haematoma, epistaxis, gingival bleeding, haematuria, confusion. Uncommon (≥1/1,000 to < 1/100): hypersensitivity, allergic oedema and anaphylaxis; specific haemorrhage such as brain, intra-abdominal, abnormal vaginal, urogenital, traumatic, post procedural, incision site; haemoptysis, haematochezia. Rare (≥1/10,000 to < 1/1,000): specific haemorrhage such as respiratory tract, retroperitoneal.

Treatment of DVT and PE and prevention of recurrent DVT and PE (VTEt): Common (≥ 1/100 to < 1/10): haemorrhage, haematoma, epistaxis, specific haemorrhage such as gastrointestinal, rectal; gingival bleeding, haematuria, confusion. Uncommon (≥1/1,000 to < 1/100): specific haemorrhage such as eye (including conjunctival), abnormal vaginal, urogenital, traumatic, post procedural, incision site; haemoptysis, haematochezia. Rare (≥1/10,000 to < 1/1,000): specific haemorrhage such as brain, respiratory tract.

Please refer to the SmPC for further details of adverse reactions including other types of haemorrhage.

LEGAL CATEGORY: POM.

PACKAGING QUANTITIES AND BASIC NHS PRICE:
Carton of 10 film-coated tablets 2.5mg £9.50, 20 film-coated tablets 2.5mg £19.00, 60 film-coated tablets 2.5mg £57.00, 56 film-coated tablets 5mg £53.20, 28 film-coated tablets 5mg £26.60.

MARKETING AUTHORITY HOLDERS: Bristol-Myers Squibb Pharmaceuticals Ltd, Medical Information on 0800 731 1736 or medical.information@bms.com

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Bristol-Myers Squibb Pharmaceuticals Ltd Medical Information on 0800 731 1736 or medical.information@bms.com