Eliquis® (apixaban) 2.5 mg & 5 mg
Film-coated Tablets Prescribing Information
Consult Summary of Product Characteristics (SmPC) before prescribing

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

INDICATIONS: Prevention of stroke and systemic embolism in adults 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) (TREAT IIb). Treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults (see Special warnings and precautions for information on haemodynamically unstable PE patients). Prevention of venous thromboembolic events (VTE) in adults who have undergone elective hip or knee replacement surgery (2.5 mg only).

DOSAGE AND ADMINISTRATION: Oral. Taken with water, with or without food. Prevention of stroke and systemic embolism in patients with NVAF: The recommended dose is 5 mg twice a day. In patients who meet at least two of the following criteria: serum creatinine ≥1.5 mg/dL (133 micromol/L), age ≥80 years, or body weight ≤50 kg the recommended dose is Eliquis, 2.5 mg twice daily. Patients with severe renal impairment (creatinine clearance 15-29 mL/min) should receive Eliquis 2.5 mg twice daily. Therapy should be continued long term.

Treatment of DVT, treatment of PE and prevention of recurrent DVT and PE (VTEt): The recommended dose for the treatment of acute DVT and treatment of PE is 10 mg twice daily for the first 7 days followed by 5 mg 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 knee trauma, immobility).

The recommended dose for the prevention of recurrent DVT and PE is 2.5 mg twice daily. When prevention of recurrent DVT and PE is indicated, the 2.5 mg twice daily dose should be initiated following completion of 6 months of treatment with Eliquis 5 mg twice daily. In addition to anticoagulant therapy, the duration of overall therapy should be individualised after careful assessment of the treatment benefit against the risk for bleeding.

Prevention of VTEp (elective hip or knee replacement surgery): The recommended dose is 2.5 mg twice a day. The initial dose should be taken 12 to 24 hours after surgery. Hip replacement surgery, the recommended duration of treatment is 32 to 38 days. Knee replacement surgery, the recommended duration of treatment is 28 days. All indications of VTEp therapy are missed, Eliquis should be taken immediately and then continue with twice daily dose as above.

Switching: Switching treatment 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) is < 2.

Switching treatment from Eliquis to VKA therapy: administration of Eliquis should be discontinued for at least 48 hours prior to VKA therapy. After 2 days of 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 15-29 mL/min) as there may be an increased risk of bleeding. For the prevention of stroke and systemic embolism prevention of recurrent DVT and PE, Eliquis should be used with caution in patients with severe renal impairment. Patients should receive the lower dose of Eliquis 2.5 mg twice daily. Patients with NVAF and serum creatinine ≥1.5 mg/dL (133 micromol/L) associated with age ≥80 years or body weight ≤50 kg should receive Eliquis 2.5 mg twice daily for the first 7 days followed by 2.5 mg twice daily for stroke/systemic embolism prevention. In patients with creatinine clearance <15 mL/min, or in patients undergoing dialysis, there is no clinical experience therefore Eliquis is not recommended.

Haemorrhagic complications are indicated 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 elevated liver enzymes (ALT/AST >2 x ULN) or total bilirubin ≥1.5 x ULN. Prior to initiating Eliquis, liver function testing should be performed.

Catecholaminergic polymorphic ventricular tachycardia: Patients can continue Eliquis use while undergoing catheter ablation. Cardioversion (NVAF): Eliquis can be initiated or continued in NVAF patients who may require cardioversion. See SmPC for further details.

Patients with NVAF and coronary artery disease (CAD) and/or percutaneous coronary intervention (PCI): There is limited experience of treatment with apixaban at the recommended dose for NVAF patients when used in combination with antiplatelet agents in patients with ACS and/or undergoing PCI after haemostasis is achieved. See SmPC for further details.

Pediatric population: Eliquis is not recommended in children and adolescents below the age of 18.

CONTRAINDICATIONS: Hypersensitivity to active substance or to excipients, active clinically significant bleeding, hepatic disease associated with coagulopathy and clinically relevant bleeding risk, lesion or condition which could lead to a significant fall in blood pressure, life-threatening or severe active bleeding. Concomitant treatment with any other anticoagulant agent except under specific circumstances of switching anticoagulant therapy or when unfractured hepatic (UH) is given at doses necessary to maintain an open central venous or arterial catheter or when UH is given during catheter ablation for atrial fibrillation, see SmPC for further details.

WARNINGS AND PRECAUTIONS: Haemorrhage risk: Carefully observe for signs of bleeding and other events associated with increased risk of haemorrhage. Discontinue administration if severe haemorrhage occurs. An agent should reverse the anti-factor Xa activity of apixaban is available. For information on reversal and managing bleeding, see SmPC for further details.

Interaction with other medicinal products affecting haemostasis: Concomitant treatment with any other anticoagulant is contraindicated (see contraindications). Concomitant use of Eliquis with antiplatelet agents increases the risk of bleeding. Care with concomitant SSRIs, SNRIs or NSAIDs, including acetylsalicylic acid. Following surgery, other platelet aggregation inhibitors are not recommended concomitantly with Eliquis. In patients with atrial fibrillation and conditions that warrant mono or dual antiplatelet therapy, a careful assessment of the potential benefit vs. the potential risks should be made before combining this therapy with Eliquis.

A clinical trial enrolled patients with atrial fibrillation with ACS and/or undergoing PCI with a P2Y12 inhibitor, with or without ASA, and a platelet antagonist (either Eliquis or warfarin). Concernant use of ASA increased the risk of ISTH (International Society on Thrombosis and Hemostasis) major or CRNM (Clinically Relevant Non-Major) bleeding in aspirin-treated subjects. See SmPC for further details.

Use of thrombolytic agents for the treatment of acute ischaemic stroke: Limited experience.

Patients with prosthetic heart valves: safety and efficacy of Eliquis have not been studied in patients with prosthetic heart valves, with or without atrial fibrillation. Therefore, the use of Eliquis is not recommended in this setting.

Patients with antiphospholipid antibodies: Effective oral anticoagulants (DOACs), including Eliquis, are not recommended for patients with a history of thrombosis who are diagnosed with antiphospholipid syndrome (see SmPC for further details).

Surgery and invasive procedures: Discontinue at least 48 hours prior to elective surgery or invasive procedures with a moderate or high risk of bleeding. Discontinue at least 24 hours prior to elective surgery or invasive procedures with a low risk of bleeding. If surgery or invasive procedures cannot be delayed, provide adequate haemostasis as per available medical guidelines. Eliquis treatment does not need to be interrupted. Temporary discontinuation: Discontinuing anticoagulants, including Eliquis, for active bleeding, elective surgery, or invasive procedures places patients at an increased risk of thrombosis. Patients should be treated with another anticoagulant before atrial fibrillation, Eliquis treatment does not need to be interrupted.

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Concomitant use of Eliquis with antiplatelet agents increases the risk of haemorrhage. Discontinue administration if severe haemorrhage occurs. An agent should reverse the anti-factor Xa activity of apixaban is available. For information on reversal and managing bleeding, see SmPC for further details.

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

DRUG INTERACTIONS: Eliquis should be used with caution when co-administered with SSRIs/SNRIs, SNRIs, ASA and/or P2Y12 inhibitors because these medicinal products typically increase the bleeding risk. There is limited experience of co-administration with other platelet aggregation inhibitors (such as
GPIIb/IIIa receptor antagonists, dipyridamole, dextran or sulfinpyrazone) or thrombolytic agents. As such agents increase the bleeding risk, co-administration of these products with Eliquis is not recommended. See SmPC for further details. Due to an increased bleeding risk, concomitant treatment with any other anticoagulants is contraindicated, except under specific circumstances of switching anticoagulant therapy, when UFH is given at doses necessary to maintain an open central venous or arterial catheter or when UFH is given during catheter ablation for atrial fibrillation.

Administration of activated charcoal reduces Eliquis exposure. Also see contraindications and special warnings and precautions section; Consult SmPC (contraindications, special warnings and precautions and drug interactions) for full details on interactions.


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. Frequencies: common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000); not known (cannot be estimated from the available data)

Prevention of VTE in adult patients who have undergone elective hip or knee replacement surgery (VTEp): Common: anaemia, haemorrhage, haematuria, nausea, confusion. Uncommon: thrombocytopenia; Hypotension (including procedural hypotension); specific haemorrhage such as gastrointestinal, epistaxis, abnormal vaginal, urogenital, post procedural, incision site, operative; haematochezia. Liver function test abnormal. Rare: hypersensitivity, allergic oedema and anaphylaxis; specific haemorrhage such as eye (including conjunctival), gingival, rectal, muscle; haemoptysis. Prevention of stroke and systemic embolism in adult patients with NVAF, with one or more risk factors (NVAF): Common: anaemia, nausea, specific haemorrhage such as eye (including conjunctival), gastrointestinal, rectal; haemorrhage, haematuria, epistaxis, gingival bleeding, haematuria, contusion, hypotension (including procedural hypotension); Gamma-glutamyltransferase increased. Uncommon: hypersensitivity, allergic oedema and anaphylaxis; specific haemorrhage such as brain, intracranial, intraspinal, intra-abdominal, abnormal vaginal, urogenital, mouth, haemorrhoidal, traumatic, post procedural, incision site; haemoptysis, haematochezia, thrombocytopenia, Liver function test abnormal. Rare: specific haemorrhage such as respiratory tract, retroperitoneal. Treatment of DVT and PE, and prevention of recurrent DVT and PE (VTEt): Common: anaemia, nausea, skin rash, haemorrhage, haematuria, epistaxis; specific haemorrhage such as mouth, gastrointestinal, rectal; gingival bleeding, haematuria, abnormal vaginal, urogenital, contusion, gamma-glutamyltransferase increased, alanine aminotransferase increased; thrombocytopenia. Uncommon: Hypersensitivity, allergic oedema and Anaphylaxis, specific haemorrhage such as eye (including conjunctival), haemorrhoidal, traumatic, post procedural, incision site; haemoptysis, muscle, haematochezia, Liver function test abnormal. Rare: specific haemorrhage such as brain, intracranial, intraspinal, respiratory tract. Refer to SmPC for all other adverse events, including other types of haemorrhage.

LEGAL CATEGORY: POM.

MARKETING AUTHORISATION NUMBER: EU/1/11/691/002-3, EU/1/11/691/008, EU/1/11/691/014

PACKAGE QUANTITIES: Carton of 20 film-coated tablets 2.5 mg, 60 film-coated tablets 2.5 mg, 28 film-coated tablets 5 mg.

MARKETING AUTHORISATION HOLDER: Bristol-Myers Squibb/Pfizer EEIG

LOCAL REPRESENTATIVE IN IRELAND: Bristol-Myers Squibb Pharmaceuticals UC, Plaza 254, Blanchardstown Corporate Park 2, Dublin 15, D15 T867, Ireland. Tel: 01 483 3625

DATE OF LAST REVISION: March 2020

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

Mercury Internal Ref. no: 432IE202206-01

Adverse events should be reported. Reporting forms and information can be found at:

Ireland - via HPRA Pharmacovigilance at www.hpra.ie

Adverse events should also be reported to Bristol-Myers Squibb via medical.information@bms.com or 1 800 749 749 (Ireland)