ELIQUIS® (apixaban) 2.5 mg & 5 mg Film-coated Tablets

Prescribing Information

Consult Summary of Product Characteristics (SmPC) before prescribing

PRESENTATION: Film-coated tablets, 2.5 mg and 2.5 mg apixaban.

INDICATION: Prevention of stroke and systemic embolism in 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 peripheral artery disease. Treatment of prophylaxis of venous thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults (see Special Warnings and Precautions for information on haemorrhage and management of signs or symptoms of bleeding). Treatment of venous thromboembolic events (VTE) in adults who have undergone elective hip or knee replacement surgery (2.5 mg only).

DOSEAGE AND ADMINISTRATION: Oral. Taken with water, with or without food. Treatment of stroke and systemic embolism in patients with NVAF: The recommended dose is 2.5 mg twice a day. In patients who meet at least two of the following criteria: serum creatinine ≥ 1.5 mg/dL (133 micromoles/L), age ≥ 80 years, or body weight ≤ 60 kg (132 micromoles/L) associated with age ≥ 80 years or body weight ≤ 60 kg should also receive the lower dose of Eliquis 2.5 mg twice daily for stroke/systemic embolism prevention. In patients with creatinine clearance < 15 mL/min, or in patients undergoing routine or emergency bleeding surgery or procedure, Eliquis is not recommended.

Hepatic impairment: Contraindicated in patients with hepatic disease associated with coagulopathy and clinically relevant bleeding risk. Not recommended in patients with severe 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 impaired hepatic function (Child Pugh C) and monitor liver function tests closely.

Missed Dose for All: Switching treatment from VKA therapy to Eliquis: Warfarin or other VKA therapy should be discontinued and Eliquis started when the international normalised ratio (INR) is < 2. Switching treatment from Eliquis to VKA therapy: Administration of Eliquis should be continued for at least 1 week after stopping VKA therapy. After 2 days of co- administration of Eliquis with VKA therapy, an additional 7 days of co-administration are recommended. Co-administration of Eliquis and VKA therapy should be continued until the INR ≥ 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). See SmPC for further details.

WARNINGS AND PRECAUTIONS:

Dosage and administration: Eliquis should be used 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. Catheter ablation (NVAF): Patients can continue Eliquis use while undergoing catheter ablation. Contraindication to Eliquis therapy: Concomitant use of Eliquis with antiplatelet agents increases the risk of bleeding. Care with long-term use of antiplatelet agents is recommended when initiating Eliquis treatment.

Use of thrombolytic agents for the treatment of acute ischemic stroke: Limited experience with the use of Eliquis with indwelling intrathecal or epidural catheters. See SmPC for further details. Catheter ablation (NVAF): Concomitant treatment with any other antiplatelet agent, including ASA, and oral anticoagulant (either apixaban or VKA) for patients who are undergoing catheter ablation for atrial fibrillation. Therefore, the use of Eliquis is not recommended in this setting. Patients with antiphospholipid syndrome: Direct acting Oral Anticoagulants (DOACs), including Eliquis, are not recommended for patients with a history of thrombophlebitis who are undergoing catheter ablation. Use with caution when combined with other medicinal products: Eliquis inhibits, with or without ASA, and oral anticoagulant (either apixaban or VKA) for 6 months. Concomitant 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.

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 treatment at least 5 hours prior to elective surgery or invasive procedures with a low risk of bleeding. If surgery or invasive procedures cannot be delayed, appropriate caution should be exercised, taking into consideration an increased risk of bleeding. Eliquis should be restarted after the invasive procedure or surgery. Eliquis is not recommended if the clinical situation allows and adequate haemostasis has been established. For patients undergoing catheter ablation for atrial fibrillation, Eliquis treatment does not need to be interrupted. If antiplatelet therapy with aspirin, clopidogrel, other medicinal products affecting haemostasis, or Eliquis is recommended, for patients with atrial fibrillation, Eliquis must be temporarily discontinued for any reason, therapy should be restarted as soon as possible. Spinal/epidural anesthesia or puncture: Patients treated with antithrombotic agents for prevention of thromboembolic complications are at risk of developing an epidural or spinal hematoma with resultant severe, permanent paralysis. The risk of these events may be increased by the post-operative use of indwelling epidural catheters or the concomitant use of medicinal products with a known potential for forming adherent plaques or platelet aggregates. A spinal headache that does not resolve within 24 hours of catheter removal should be removed at least 5 hours prior to the dose of Eliquis. Eliquis may also be increased by traumatic or repeated epidural or spinal puncture. Patients with elevated liver enzymes (ALT/AST >2 x ULN) or total bilirubin ≥ 1.5 x ULN are at risk of developing a thromboembolic event. There is a potential increased risk of bleeding. Discontinue at least 24 hours prior to elective surgery or invasive procedures for patients who are undergoing catheter ablation. For the prevention of stroke and systemic embolism in patients with NVAF and severe renal impairment, patients should receive the lower dose of Eliquis 2.5 mg twice daily for stroke/systemic embolism prevention. In patients with creatinine clearance < 15 mL/min, or in patients undergoing routine or emergency bleeding surgery or procedure, Eliquis is not recommended. Patients with NVAF and acute coronary syndrome (ACS) and/or undergoing PCI and a planned treatment period with a P2Y12 inhibitor, with or without ASA, and oral anticoagulant (either apixaban or VKA) for 6 months. Concomitant 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.

Pregnancy and lactation: Eliquis has not been studied in clinical trials in patients undergoing hip surgery. Therefore, it is not recommended in these patients. Lactation: Eliquis contains lactose. Patients with galactose intolerance, galactose deficiency or who are allergic to lactose should not take Eliquis. Due to an increased bleeding risk, concomitant treatment with any other anticoagulant therapy is not recommended with Eliquis treatment. In patients with atrial fibrillation and conditions that warrant mono or dual antiplatelet therapy, a careful assessment of the potential benefits against 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 and a planned treatment period with a P2Y12 inhibitor, with or without ASA, and oral anticoagulant (either apixaban or VKA) for 6 months. Concomitant 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.
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*; haematoma*; nausea; contusion. Uncommon: thrombocytopenia*; epistaxis*; haematochezia*; liver function test abnormal (including blood bilirubin increased*); haematuria*; specific haemorrhage such as gastrointestinal*, abnormal vaginal*, urogenital*, post procedural*, wound secretion*, incision site*, operative*. Rare: hypersensitivity*; anaphylaxis*; haemoptysis*; haematuria*; liver function test abnormal (including blood bilirubin increased*); specific haemorrhage such as eye (including conjunctival*); rectal*, muscle*. Not known: angioedema*; specific haemorrhage such as brain (encompassing intracranial, intraspinal*), intra-abdominal*, respiratory tract*, haemorrhoidal*, mouth*, retroperitoneal*, traumatic*. Prevention of stroke and systemic embolism in adult patients with NVAF, with one or more risk factors (NVAF): Common: anaemia; haemorrhage*; haematoma*; hypotension (including procedural hypotension); epistaxis*; nausea; gingival bleeding*; gamma-glutamyltransferase increased; haematuria*; contusion; specific haemorrhage such as eye (including conjunctival*); gastrointestinal*, rectal*. Uncommon: thrombocytopenia*; hypersensitivity*; anaphylaxis*; haemoptysis*; haematochezia*; liver function test abnormal (including blood bilirubin increased*); specific haemorrhage such as brain (encompassing intracranial, intraspinal*), intra-abdominal*, haemorrhoidal*, mouth*, abnormal vaginal*, urogenital*, post procedural*, wound secretion*, incision site*, operative*, traumatic*. Rare: specific haemorrhage such as respiratory tract*, retroperitoneal*, muscle*. Not known: angioedema*. Treatment of DVT and PE, and prevention of recurrent DVT and PE (VTEt): Common: anaemia; thrombocytopenia*; haemorrhage*; haematoma*; epistaxis*; nausea; gingival bleeding*; gamma-glutamyltransferase increased; alanine aminotransferase increased; skin rash; haematuria*; contusion; specific haemorrhage such as gastrointestinal*, mouth*, rectal*, abnormal vaginal*, urogenital*. Uncommon: hypersensitivity*; anaphylaxis*; haemoptysis*; haematochezia*; liver function test abnormal (including blood bilirubin increased*); specific haemorrhage such as eye (including conjunctival*); haemorrhoidal*, muscle*, post procedural*, wound secretion*, incision site*, operative*, traumatic*. Rare: specific haemorrhage such as brain (encompassing intracranial, intraspinal*), respiratory tract*. Not known: angioedema*; specific haemorrhage such as intra-abdominal*, retroperitoneal*. Denotes serious adverse reaction. Refer to SmPC for all other adverse events.