A Brief Guide to Using Direct Oral Anticoagulants (DOACs)

Licensed indications: Who should get a DOAC?

1. Non-valvular atrial fibrillation (NVAF)
2. Treatment of venous thromboembolic event
3. Thromboprophylaxis post orthopaedic surgery

Contraindications: Who should NOT get DOAC?

1. If anticoagulant contraindicated
2. Metallic heart valve
3. Pregnant and breastfeeding
4. Creatinine clearance <15mls/min
5. Liver disease
6. Active malignancy
7. Weight above 120kg
8. Anyone with target INR 3-4
9. Antiphospholipid syndrome
10. Patients taking azoles, antiretrovirals

If patient has indication for DOAC and no contraindications **then discuss with patient key differences between warfarin and DOAC.**

Review Cautions when using DOACs

1. Patients on phenytoin, carbamazepine and other P-gp and CYP344 inhibitors (discuss with Consultant Haematologist to arrange drug levels)
2. Patients on P-gp and CYP344 inducers (discuss with Consultant Haematologist to arrange drug levels)
3. Worsening or erratic renal function
4. Concomitant anti-platelets
5. If compliance is a concern

General points

Ensure patient is on correct dose

- Renal function
- Initial treatment of VTE
- Weight, age if using apixaban

Clotting screens are NOT useful in monitoring DOACs and can be normal despite patient being fully anticoagulated
Guidelines are available on Q-pulse for managing patients bleeding on DOACS or requiring emergency surgery and for peri-operative management of DOACS
Avoid dabigatran in patients with previous GI bleed or dyspepsia

Apixaban

First-line DOAC at MTW for treatment of NVAF
BD dosing

Rivaroxaban

First-line DOAC at MTW for treatment of VTE
Must be taken with food
Compliance is crucial
GI side effects; consider using PPI

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