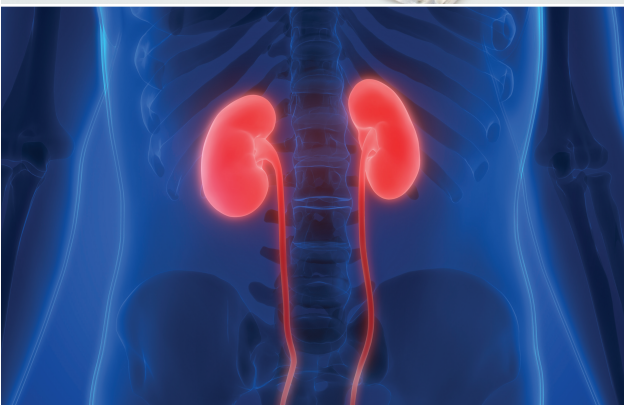




# Know your DOACs\* aka NOACs#

## Apixaban, Dabigatran, Rivaroxaban (eg Eliquis<sup>®</sup>, Pradaxa<sup>®</sup>, Xarelto<sup>®</sup>)

DOACs do not need monitoring; but the people taking them do.



### Prescribe on the anticoagulation chart

- Doses are fixed, based on patient factors and indications
- Ensure duplicate anticoagulant orders are not on other charts

### Assess for bleeding and thromboembolic risk

- Before commencing a DOAC
- Before withholding peri-operatively as these medications are not easily reversed

### Consider drug interactions

- Care with aspirin, clopidogrel, prasugrel, ticagrelor
- Avoid NSAIDs, carbamazepine, rifampicin, Systemic azole antifungals (except fluconazole), and HIV-protease inhibitors (e.g. ritonavir)

### Monitor

- DOACs require dose reduction in renal impairment
- Liver function
- Caution in elderly ( $\geq 75$  years) & low patient weight ( $\leq 60$ kg)
- Signs of bleeding

### Missed dose

- DOACs have a short half-life and a quick onset of action
- Patients need to know what to do if they miss a dose
- Ensure your patient has the WA Health NOAC booklet and has received counselling from an appropriate health professional

\*Direct Oral Anticoagulants # New Oral Anticoagulants