Patient-alert-card

FRONT

70 mm

40 mm

Patient Alert Card

Apixaban 2.5 mg Film-coated Tablets
Apixaban 5 mg Film-coated Tablets

This medicine will be referred to as Apixaban tablets throughout this Patient Alert Card.

Carry this card with you at all times

Show this card to your pharmacist, dentist and any other healthcare professionals that treat you.

Information for patients

- Take Apixaban tablets regularly as instructed. If you miss a dose, take it as soon as you remember and continue to follow your dosing schedule.
- Do not stop taking Apixaban tablets without talking to your doctor, as you are at risk of suffering from a stroke or other complications.
- Apixaban tablets helps to thin your blood. However, this may increase your risk of bleeding.
- Signs and symptoms of bleeding include bruising or bleeding under the skin, tar-coloured stools, blood or urine, nose bleed, dizziness, tiredness, paleness or weakness, sudden severe headache, coughing up blood or vomiting blood.
- If the bleeding does not stop on its own, seek medical attention immediately.
- If you need surgery or any invasive procedure, inform your doctor that you are taking Apixaban tablets.

Flamingo

BACK

70 mm

40 mm

I am under anticoagulation treatment with Apixaban tablets to prevent blood clots

Information for healthcare professionals

- Apixaban tablets are an oral anticoagulant acting by direct selective inhibition of factor Xa.
- Apixaban tablets may increase the risk of bleeding. In case of major bleeding events, it should be stopped immediately.
- Treatment with Apixaban tablets does not require routine monitoring of exposure.

A calibrated quantitative anti-Factor Xa assay may be useful in exceptional situations, e.g., overdose and emergency surgery (prothrombin time (PT), international normalised ratio (INR) and activated partial thromboplastin time (aPTT) clotting tests are not recommended) – see SmPC.

- An agent to reverse the anti-factor Xa activity of Apixaban tablets is available.

Please complete this section or ask your doctor to do it

Name: .....

Birth Date: .....

Indication: .....

Dose: .....mg twice daily

Doctor's Name: .....

Doctor's telephone: .....