

MEDICINE SAFETY ALERT

September 2016

NEVER prescribe or administer DABIGATRAN at the same time as ENOXAPARIN

A recent audit of CCDHB inpatients showed 50% of patients receiving dabigatran therapy were also co-prescribed and given at least one dose of enoxaparin **inappropriately** with their dabigatran. This alert highlights the risks associated with co-prescribing or administration of dabigatran and enoxaparin and how to safely treat DVT/PE for patients to reduce these risks.

What is dabigatran?

Dabigatran is a direct thrombin inhibitor. It has a fast onset of action which means, unlike warfarin, full anticoagulant effect is achieved after ONE *therapeutic* dose. If dabigatran and enoxaparin are co-prescribed/administered the patient will be at **high risk of bleeding**.

How do I change patients from enoxaparin to dabigatran therapy?

Enoxaparin and dabigatran should be used **sequentially (i.e. give a dose of dabigatran when the next dose of enoxaparin is due)**. There is no need to have any cross over of therapy. For advice on switching between enoxaparin and dabigatran refer to relevant sections of the PML e.g. "Prescribing Dabigatran".

The information below outlines the differences between starting patients on warfarin compared to dabigatran in the treatment of DVT and PE to minimise the risk of bleeding.

Current therapeutic options for treatment of DVT/PE

- Enoxaparin **AND** warfarin - continue enoxaparin for minimum of 5 days and until INR ≥ 2 for at least 2 consecutive days

For DVT/PE, if using:	Days 1 to 5	After day 5
Warfarin	Enoxaparin and warfarin 	Discontinue enoxaparin once INR > 2 for 2 consecutive days

OR

- Enoxaparin for **5 days THEN** start dabigatran (**do not** co-prescribe these medications)

For DVT/PE, if using:	Days 1 to 5	After day 5
Dabigatran	Enoxaparin ONLY 	Dabigatran ONLY