

Patient Alert Card

Eliquis[®]
(apixaban)

**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 Eliquis regularly as instructed. If you miss a morning dose, take it as soon as you remember and it may be taken together with the evening dose. A missed evening dose can only be taken during the same evening. Do not take two doses the next morning, instead continue to follow your dosing schedule twice daily as recommended on the next day.
- Do not stop taking Eliquis without talking to your doctor, as you are at risk of suffering from a stroke or other complications.

- Eliquis 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 in 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 Eliquis.

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**I am under anticoagulation treatment
with Eliquis (apixaban)
to prevent blood clots**

Information for healthcare professionals

- Eliquis (apixaban) is an oral anticoagulant acting by direct selective inhibition of factor Xa.
- Eliquis may increase the risk of bleeding. In case of major bleeding events, it should be stopped immediately.
- Treatment with Eliquis 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 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: _____