Medicines Review for patients prescribed anticoagulants

Over the next few months, accredited pharmacists may receive Medicines Review referrals* as a result of the latest release of Veterans’ MATES. The therapeutic brief provides detailed information about warfarin and the recent extension of PBS listing for novel oral anticoagulants (NOACs), and highlights important considerations for use of these medicines.

With the recent expanded availability of the novel oral anticoagulants, GPs may be reviewing their patients who are prescribed warfarin. Regardless of anticoagulant type, patient education is vital in maximising the benefits of therapy while minimising the risk of bleeding. For patients prescribed warfarin, having a Home Medicines Review (HMR) can delay the time to next hospitalisation for bleeding. Therefore, in the latest Veterans’ MATES we have highlighted to GPs their patients who are prescribed anticoagulants and asked them to consider a medicines review for these patients.

If you do receive such a referral, consider the points below as part as your review process. It is likely that the patient’s GP will value concise feedback that includes any education provided to the patient, and your assessment of whether the patient is stable on current therapy, or is experiencing any difficulty with adherence so may benefit from further support.

If no problems are identified through the review, this is important information that should also be outlined in your feedback to the GP.

The patient will have received a veteran brochure, highlighting what they need to know about new medicines (such as the risks and benefits of treatment) as well as vital information about anticoagulant medicines in particular. The therapeutic brief, veteran brochure and this document is available on the Veterans’ MATES website.

HMRs can improve health outcomes for members of the veteran community. Thank you for your work with veterans, we hope this information helps you respond to a GP’s medicine review referral for patients prescribed an anticoagulant.

*Either Home Medicines Review (HMR) or Residential Medication Management Review (RMMR)

Points to consider when conducting a Medicines Review for a patient prescribed an anticoagulant:

- Patients’ understanding of the need for the anticoagulant, how the anticoagulant works, risks and benefits of treatment, duration of treatment and nature of monitoring needed
- Highlight the importance of being aware of the signs and symptoms of bleeding, how to manage minor bleeds, and when to call the doctor or seek emergency care – mention steps that the patient can take to minimise risk of physical trauma such as reducing the risk of falls
- The patient’s adherence – highlight the importance of adherence with therapy, what to do if a dose is missed, the possible effects of poor control of anticoagulation (this can be catastrophic in some situations e.g. after a PE or valve replacement), and emphasise the need for continuity of supply of the anticoagulant
- Look for potential interactions with other prescribed, complementary or over-the-counter medicines – highlight the importance of asking their GP before starting any new medicine
- Highlight the importance of telling all health professionals about anticoagulant use and ensure the patient understands the need to seek advice about anticoagulation use in the period leading up to elective surgery or procedures, including before dental work
- Suggest keeping identification that states anticoagulant use in case of an accident or an emergency – reinforce importance of keeping an up-to-date medicines list
- Explain the importance of minimising alcohol consumption
- Special considerations – what to do in the event of illnesses such as episodes of diarrhoea or vomiting, or when making travel plans etc.
If the patient is prescribed warfarin:

- Explain the international normalised ratio (INR), ensure the patient is aware of their target INR and reinforce the need for regular testing.
- Discuss an INR diary and the importance of noting missed doses.
- If inconsistent INR results are noted, discuss possible correctable causes including concurrent medicines, poor adherence, alcohol consumption, inconsistent diet, concurrent illness; report to the patient’s GP where these causes may be corrected.
- Outline the role of vitamin K and the importance of consistency in diet.

Following media coverage about the release of the novel oral anticoagulants (NOACs), patients may ask you about these medicines. Reinforce, if necessary, that if they are stable on warfarin, it may still be the best treatment for them and that the new medicines may not be suitable for a variety of reasons.

Refer to the therapeutic brief and veteran brochure.

If the patient is prescribed a novel oral anticoagulant:

- Reinforce that although they do not require INR tests, it is recommended that they still have regular check-ups with their GP and that they need to have their kidney and liver function tested every 12 months.
- Explain that as these are new medicines, some side effects and interactions with other medicines may yet to be discovered; reinforce the need to report any unusual symptoms to their GP.
- Highlight that there is no specific antidote for these medicines but treatment is available in the case of bleeding.
- Reinforce the importance of being vigilant to the early signs and symptoms of bleeding.
- Highlight the importance of adherence, as these medicines are shorter acting.
- Reinforce special instructions for use of each medicine; identify whether the patient may have trouble following these instructions due to visual, physical or cognitive impairment.
- If the patient is prescribed dabigatran (Pradaxa) – highlight the effects of exposure to air and thus special storage requirements, not crushing or breaking tablets, and the importance of not removing from the original blister pack or bottle for use in dose administration aids or pill boxes.

Further information


References