Factor Xa Reversal - Quick Guide for ED

Definition of life-threatening bleeding/uncontrolled bleeding (as per Annexa-4 study – Phase III study of andexanet)

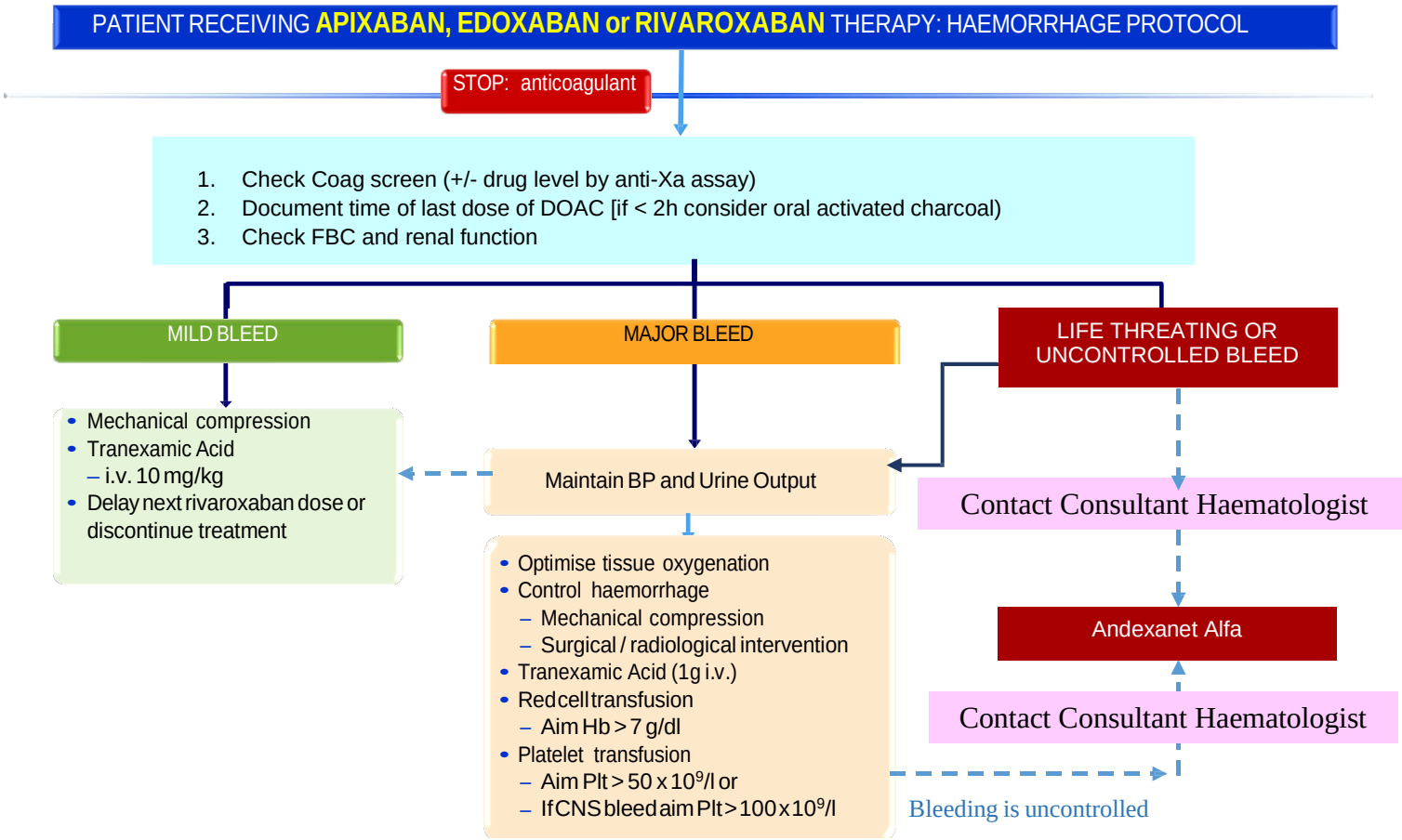
- Bleeding in critical area or organ e.g. retroperitoneal, intracranial, epidural, pericardial, intramuscular with compartment syndrome

** The evidence regarding the effectiveness of andexanet alfa in intracranial haemorrhage (ICH) is weak and an international trial (ClinicalTrials.gov identifier NCT03661528) is ongoing to assess its efficacy for this indication. For this reason, when patients presenting with ICH are being considered for andexanet alfa, they should be considered for enrolment into this clinical trial if possible (this trial is currently ongoing in QEUH and may be extended across other sites in NHSGGC). When this is not possible, it is important that clinicians are aware of the limitations of the data before using andexanet alfa for this indication.*

- Signs and symptoms of haemodynamic compromise e.g. severe hypotension, poor skin perfusion
- Clinically overt or apparent bleeding associated with decrease in haemoglobin > 2g/dL
- Any other bleeding which the clinician considers to be life-threatening

Refer to Full Document on CEM for Dose and Administration Advice

Appendix 1 Management of haemorrhage in factor Xa inhibitor-treated patients



Definition of life-threatening bleeding/uncontrolled bleeding

(in Annexa-4 study – Phase III study of andexanet)

- Bleeding in critical area or organ e.g. retroperitoneal, intracranial, epidural, pericardial, intramuscular with compartment syndrome
- Signs and symptoms of haemodynamic compromise e.g. severe hypotension, poor skin perfusion
- Clinically overt or apparent bleeding associated with decrease in hemoglobin > 2g/dL
- Any other bleeding which the clinician considers to be life-threatening

In the presence of life threatening or major uncontrolled bleeding:

- Follow general major haemorrhage principles – see separate algorithm (Appendix 1)
- Treat any additional causes of coagulopathy
- Consider general haemostatic measures (e.g. 1g iv tranexamic acid)
- Discuss with haematology consultant the appropriateness of andexanet alfa. Note that this medicine is only licensed for the reversal of apixaban and rivaroxaban. Use for reversal of edoxaban in off label
- When considering the use of andexanet alfa, the consultant responsible for the patient's care should take into account the individual clinical circumstances of the patient, including the likely prognosis following a catastrophic bleeding event

The following must be considered prior to using andexanet alfa:

The bolus dose reverses the effect of the factor Xa inhibitor within 2 minutes and this persists during the subsequent continuous infusion. However, the half-life of andexanet alfa is one hour and much shorter than that of rivaroxaban (5-9 hours) or apixaban (12 hours). Clinicians must therefore be very alert to the restarting of bleeding in the 24 hours following the completion of the infusion.

- Andexanet alfa is administered as an IV bolus over 15-30 minutes followed by an IV infusion over 2 hours. Dose is calculated using the tables in page 7 (no dose adjustments are recommended for elderly patients or patients with renal or hepatic impairment). Instructions for administration can be found on Medusa Injectable Medicines Guide (available **here**) – the use of a syringe driver is recommended.
- There may be circumstances where the appropriateness of using andexanet alfa is not entirely clear e.g. the patient does not meet the definition of life threatening/uncontrolled bleeding but the clinician feels that the bleeding is sufficient to warrant haemostatic support in addition to tranexamic acid. Beriplex 50IU/kg can still be used in those circumstances if the responsible clinician and consultant haematologist consider this to be appropriate.
- It is also possible that bleeding may resume despite the use of andexanaet alfa. Such situations should be discussed with a consultant haematologist and a decision made as to whether there is a role for the additional use of Beriplex 50 IU/kg