



COVID-19

Questions, Answers and Actions

Monitoring direct acting oral anticoagulants (DOACs) during the COVID-19 pandemic.

Question: "Can the monitoring interval for direct acting oral anticoagulants (DOACs) be extended in patients with stable renal function established on these treatments during the COVID-19 pandemic?"

Answer: Monitoring renal function in patients on DOAC therapy is important because these drugs are renally excreted and their exposure can be substantially increased in patients with renal insufficiency which increases the risk of bleeding.

In June 2020, the MHRA issued a Drug Safety Update to remind healthcare professionals of the bleeding risk associated with DOACs, including availability of reversal agents. Part of the advice given is to *"ensure patients with renal impairment receive an appropriate dose and monitor renal function during treatment to ensure dose remains appropriate"*. Please refer to the [MHRA Drug Safety Update](#) for full details of the advice.

In response to the COVID-19 pandemic, the Royal Pharmaceutical Society published guidance on [safe switching of warfarin to DOACs in patients with non-valvular AF and venous thromboembolism](#) (March 2020). This guidance includes the following information on the monitoring of DOACs:

Monitoring

- At least annual review of renal profile if CrCl > 60ml/min with FBC and LFTs
- 6 monthly review if CrCl 30-60ml/min and/or aged >75 years and/or frail
- 3 monthly review of renal profile if CrCl 15-30ml/min

Check for side effects/bleeding issues and patient adherence to therapy at each routine appointment.

The following links to information on the Specialist Pharmacy Service website may also be helpful:

- [Specialist Pharmacy Service: Drug monitoring: factors to consider during Covid-19 Background information and factors to consider](#)
- [Specialist Pharmacy Service: Guidance on management of drugs requiring monitoring during COVID-19](#)

Action: Advice from the guidance referenced above should be consulted to aid decisions around monitoring of DOACs during the COVID-19 pandemic. Any decisions to significantly postpone monitoring for patients on DOACs should be made on an individual basis with due consideration given to factors such as the patient's current clinical condition, past monitoring results and trend, any recent dose changes, and duration of treatment. It is reasonable to postpone routine monitoring in stable patients who are self-isolating for up to 14 days due to possible COVID-19 exposure until after the period of self-isolation.

References

- Williams H. Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism during the coronavirus pandemic. Endorsed by Royal College of General Practitioners and British Haematology Society. 26th March 2020. Available at: https://www.rpharms.com/Portals/0/RPS_document_library/Open_access/Coronavirus/FINAL_Guidance_on_safe_switching_of_warfarin_to_DOAC_COVID-19_Mar_2020.pdf?ver=2020-03-26-180945-627. Accessed 05/11/2020.
- MHRA Drug Safety Update: Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents. (June 2020) Available at: <https://www.gov.uk/drug-safety-update/direct-acting-oral-anticoagulants-doacs-reminder-of-bleeding-risk-including-availability-of-reversal-agents#contents>. Accessed 05/11/2020.

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Updated to remove reference to NHSE specialty guide on management of anticoagulants which is no longer available; added more detail on monitoring from the guidance on switching from warfarin to DOACs document; and added information on recent MHRA Drug Safety Update on DOACs and bleeding risk.

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