

Medicines Management FAQs

Can the DOAC monitoring interval be extended?

MHRA (13/10/20): [Warfarin and other anticoagulants – monitoring of patients during the COVID-19 pandemic](#)

Some patients taking warfarin may have been switched to DOACs during the pandemic to avoid regular blood tests for INR monitoring. Healthcare professionals will be aware that VKA interact with a large number of medicines but are also reminded that direct-acting oral anticoagulants (DOACs) including Eliquis (apixaban), Lixiana (edoxaban), Pradaxa (dabigatran) or Xarelto (rivaroxaban) also interact with several medicines.

From NUH:

For patient safety, it would be advisable to adhere to current monitoring schedules where possible, especially for those on a DOAC for less than 1 year to ensure no changes occur.

For patients who have been stable on a DOAC for a number of years it may be suitable to extend monitoring. Most patients will probably have routine bloods and only need annual bloods. If a patient has normal renal function, it may be justified to delay monitoring.

However, those with suboptimal renal function, particularly those close to 30ml/min, then failure to monitor would be risky. The decision to delay monitoring would therefore need to be taken on a case by case basis.

For further information see NHSE and I [Clinical guide for the management of anticoagulant services during the coronavirus pandemic](#)