# **Patient Alert Card**

Apdx® (Apixaban)

This document has been reviewed and approved by The Saudi Food and Drug Administration (SFDA).

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 Apdx® regularly as instructed. If you miss a dose, take it as soon as you remember and continue to follow your dosing schedule.
- Do not stop taking Apdx® without talking to your doctor, as you are at risk of suffering from a stroke or other complications.
- Apdx® 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, **immediately seek** medical attention.
- If you need surgery, inform your doctor that you are taking Andx®

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The National Pharmacovigilance and Drug Safety Centre (NPC)

SFDA call center: 19999
Toll free phone: 8002490000
E-mail: npc.drug@sfda.gov.sa
Website: http://ade.sfda.gov.sa/

## I am under anticoagulation treatment with Apdx® (apixaban) to prevent blood clots

This medicinal product is subject to additional monitoring.

Patients and Health Care professionals are asked to report any suspected adverse drug reactions via the national reporting system.

## Information for HEALTHCARE PROFESSIONALS

- Apdx® (apixaban) is an oral anticoagulant acting by direct selective inhibition of factor Xa.
- Apdx® may increase the risk of bleeding. In case of major bleeding events, it should be stopped immediately.
- Treatment with Apdx® 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 normalized ratio (INR) and activated partial thromboplastin time (aPTT) clotting tests are not recommended) - see SPC Please complete this section or ask your doctor to do it

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## Please complete this section or ask your doctor to do it

Name:	
Date of birth:	
Indication:	
Dose:	
Doctor's Name:	
Doctor's Telephone:	

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