



<b>Monitoring</b>	Treatment monitoring should be based mainly on clinical parameters indicative of appropriate response (i.e. achievement of haemostasis), lack of efficacy (i.e., re-bleeding), and adverse events (i.e. thromboembolic events).																						
<b>Adverse Drug Reactions</b>	<p><b>Common:</b> Back pain; cerebrovascular insufficiency; chest discomfort; cough; dizziness postural; dry mouth; dyspnoea; feeling hot; fever; flushing; gastrointestinal discomfort; headache; hyperhidrosis; muscle spasms; nausea; palpitations; peripheral coldness; skin reactions; taste altered</p> <p><b>Uncommon:</b> Cardiac arrest; embolism and thrombosis; iliac artery occlusion; myocardial infarction</p>																						
<b>Dosing</b>	<ul style="list-style-type: none"> <li>There are dosing regimens, depending on the specific direct factor Xa (FXa) inhibitor, last individual dose of FXa inhibitor and time since last FXa inhibitor dose</li> </ul> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th colspan="4">Size and timing of last dose of apixaban or rivaroxaban taken determines whether high or low dose regimen is used.</th> </tr> <tr> <th rowspan="2">FXa inhibitor</th> <th rowspan="2">Last dose</th> <th colspan="2">Timing of last dose before andexanet administration</th> </tr> <tr> <th>&lt; 8 hours or unknown</th> <th>≥ 8 hours*</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><b>Apixaban</b></td> <td>≤5mg</td> <td>Low dose</td> <td rowspan="2">Low dose</td> </tr> <tr> <td>&gt;5mg or unknown</td> <td>High dose</td> </tr> <tr> <td rowspan="2"><b>Rivaroxaban</b></td> <td>≤10 mg</td> <td>Low dose</td> <td rowspan="2">Low dose</td> </tr> <tr> <td>&gt;10 mg or unknown</td> <td>High dose</td> </tr> </tbody> </table> <p>*Only patients who had acute major bleeding within 18 hours after administration of an FXa inhibitor were included in studies. Therefore it may NOT be clinically appropriate to administer andexanet alfa in patients where administration of an FXa inhibitor is greater than 18 hours as benefit in this patient cohort has not been demonstrated.</p> <ul style="list-style-type: none"> <li>For patients on edoxaban or patients needing reversal for emergency surgery, please discuss treatment options with CUH haematology team.</li> </ul>	Size and timing of last dose of apixaban or rivaroxaban taken determines whether high or low dose regimen is used.				FXa inhibitor	Last dose	Timing of last dose before andexanet administration		< 8 hours or unknown	≥ 8 hours*	<b>Apixaban</b>	≤5mg	Low dose	Low dose	>5mg or unknown	High dose	<b>Rivaroxaban</b>	≤10 mg	Low dose	Low dose	>10 mg or unknown	High dose
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<b>Contraindications and Cautions</b>	<ul style="list-style-type: none"> <li>Andexanet alfa is not suitable for pre-treatment of urgent surgery</li> <li>Interaction with heparin: Use of andexanet prior to heparinization e.g. during surgery should be avoided as andexanet causes unresponsiveness to heparin</li> <li>Pro-coagulant factor treatments (e.g., 3- or 4-factor prothrombin complex concentrate (PCC)/activated PCC, recombinant factor VIIa, fresh frozen plasma) and whole blood should be avoided unless absolutely required, due to lack of data in combination with these treatments.</li> <li>Consider the use of PCC in patients on apixaban or rivaroxaban requiring reversal of anticoagulation where andexanet alfa is contra-indicated or not clinically appropriate. Refer to local guidance for management of acute bleeding in patients on anticoagulation.</li> </ul>																						
<b>Restarting Anticoagulant</b>	<ul style="list-style-type: none"> <li>Manufacturer advises to consider re-starting anticoagulant therapy as soon as medically appropriate to reduce the risk of thrombosis.</li> </ul>																						

**Information provided relates to Ondexxya® manufactured by or Astra Zeneca.**

Last updated 28/3/24

*This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542*