

Medication Safety

Alert

Focus on ...Dabigatran (Pradaxa® capsules, Boehringer-Ingelheim)

Dabigatran is a newer oral blood thinning medicine (anticoagulant) used to reduce the risk of stroke and blood clots in persons with atrial fibrillation that is not caused by a valve problem.

As we receive new orders for dabigatran, it is important to note special handling and administration instructions.

<i>When dispensing and storing Dabigatran remember:</i>	
✓	Dabigatran must remain dry and must be dispensed and stored in its original container.
✓	Never place Dabigatran in a different container such as a pill box or pill organizer.
✓	Store Dabigatran at room temperature.
✓	Open a new bottle of Dabigatran ONLY after the current bottle is empty.
✓	Tightly close the bottle after each use.
✓	Once opened, Dabigatran should be used within 4 months. Pharmacists should place a “date opened” label on a bottle of Dabigatran. Facility staff should write the date opened on the pharmacy label.
✓	Dabigatran should be swallowed whole. Do not break, chew or empty the contents of the capsule.

Like any anticoagulant, Dabigatran can cause bleeding and the resident’s care plan approaches should support monitoring for this adverse effect. The risk of bleeding may be higher in patients who:

- 🔥 Are older than 75 years old
- 🔥 Have renal insufficiency
- 🔥 Have stomach or intestinal bleeding that is recent or recurring
- 🔥 Have a stomach ulcer
- 🔥 Are taking other medications that affect bleeding such as aspirin, non-steroidal anti-inflammatory drugs

<i>In order to promote the safe use of Dabigatran, especially in older adults, the facility can expect communication from your pharmacist:</i>	
🔊	When a drug-drug interaction exists with Dabigatran, such as concurrent use of ketoconazole or other anticoagulant that may increase the risk of bleeding.
🔊	When the pharmacist requires the patient’s Creatinine Clearance (CrCl) to assure the appropriate lower dose is used in the presence of renal impairment.
🔊	(Warfarin → Dabigatran) To verify orders when patients are converting from warfarin to dabigatran. Remember... discontinue warfarin when the INR is below 2 and notify the pharmacy of the discontinued warfarin order to avoid duplicate therapy and possible episodes of bleeding.
🔊	(Parenteral anticoagulant →Dabigatran) When a patient will convert FROM a parenteral anticoagulant TO oral Dabigatran to assure the first dose of Dabigatran is started 0-2 hours BEFORE the next dose of the parenteral product would have been given.
🔊	(Dabigatran →Parenteral anticoagulant) When a patient will convert FROM oral dabigatran TO a parenteral anticoagulant, wait 12 hours (CrCl≥30 ml/min) or 24 hours (CrCl< 30 ml/min) after the last dose of Dabigatran before initiating a parenteral anticoagulant.