

Exclusion Criteria for DOACs

In addition to the criteria already entered, the following are also exclusion criteria for the **AF anticoagulation pathway**

1. Pregnancy
2. Uncontrolled hypertension
3. Valvular AF (significant mitral stenosis or mechanical heart valve)
4. Increased bleeding risk:
 - a. Current/recent upper or lower GI ulceration, oesophageal varices (known or suspected), malignant neoplasms at high risk of bleeding
 - b. Surgery/trauma or bleed affecting head/brain, eyes or spine within last 4 weeks
 - c. AV malformations, vascular aneurysms or major intraspinal /intracerebral vascular abnormalities
 - d. Stroke in the last 14 days or severe stroke in last 6 months (unless advised by designated stroke neurology consultant)
 - e. Congenital or acquired bleeding disorder
5. Hepatic disease associated with coagulopathy e.g. cirrhotic patients with Child Pugh B and C
6. Abnormal laboratory results:
 - a. Creatinine clearance <15 ml/min
 - b. Abnormal FBC
 - i. Platelets < 75 x 10⁹/L
 - ii. Hb < 100 g/L (need to exclude GI and other source of bleeding before starting anticoagulation)
 - c. Abnormal PT or APTT (check Fibrinogen and LFTs, then discuss with the on-call haematologist)
7. Interaction with inhibitors of both cytochrome P450 3A4 (CYP3A4) and P-glycoprotein (P-gp)
8. Interacting medicines: DOACs are not recommended in patients receiving concomitant systemic treatment with strong inhibitors or inducers of both CYP3A4 and P-gp