# Reversal Agents for DOACS

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#### Abstract

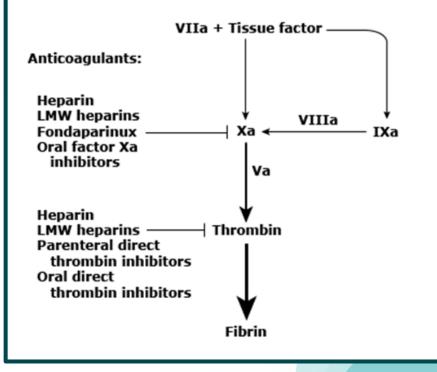
- Direct Oral Anticoagulants (DOACs) are widely used to treat conditions such as venous thromboembolism (VTE), atrial fibrillation (AF) and acute coronary syndrome (ACS).
- Bleeding is a major adverse effect of the DOACs.
- We will review the reversal agents used to treat the adverse effects of DOACs.

#### What are DOACs?

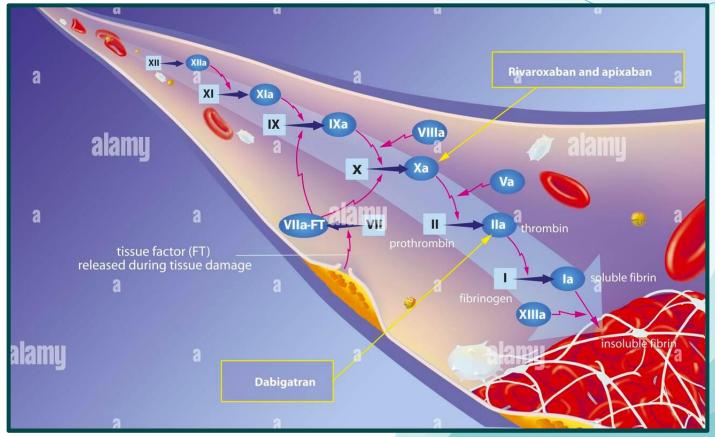
- Oral medications that directly inhibit a specific enzyme in the coagulation cascade.
- By blocking the coagulation cascade they prevent formation of a clot and thus they act as blood thinners.

#### **Mechanism of Action**

#### Coagulation cascade: Anticoagulant effects



# **Mechanism of Action (Continued)**



# **Examples of DOACs**

- Thrombin (factor lla) inhibitor: Dabigatran
- Factor Xa inhibitors: Rivaroxaban, Apixaban, Edoxaban, and Betrixaban (discontinued in 2020)
- Milvexian is an investigational direct oral anticoagulant (DOAC) that targets the active form of factor XI.

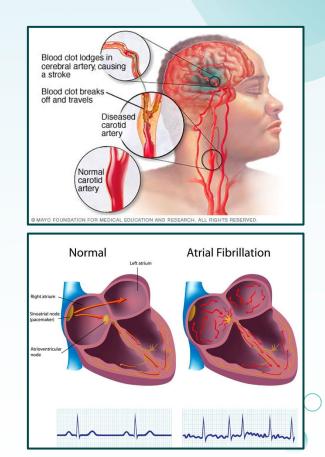
#### Uses

- Venous thromboembolism (VTE)
  - Used for prevention of VTE in both orthopedic and nonorthopedic patients
  - Used for treatment of VTE in noncancer and cancer patients, both for initial as well as long term anticoagulation



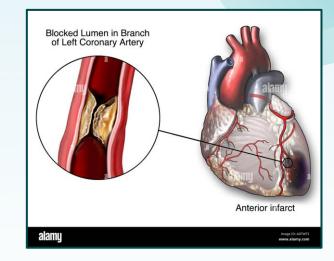
#### Uses

- Atrial Fibrillation
  - Irregular heartbeat which can lead to clot formation
  - Blood clots can travel from the heart and cause ischemic stroke and other embolic events



#### Uses

- Acute coronary syndrome
- Block in the coronary artery leads to low blood flow to the heart causing heart attack
- DOACs can be used for long term anticoagulation in these patients



# **Adverse Effects of DOACs: Bleeding**

- DOACs prevent the body's natural clotting mechanism. Hence they increase the risk of bleeding
- Such bleeding can range in severity from a minor bleeding to a serious and sometimes life threatening bleeding.
- In cases of serious bleeding, like stomach ulcer bleed or intracranial bleed, patients need to stop the DOAC and get treatment for the bleeding

# **Anticoagulation Status: Drug Half-Life**

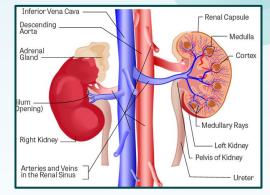
• The half-life of a drug is the amount of time it takes for the body to halven a drug's activity. This time can vary depending on how the body gets rid of it.

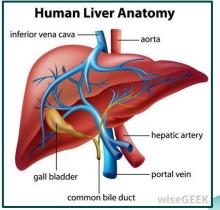
Dabigatran	12-17 hours
Apixaban	8-15 hours
Edoxaban	6-11 hours
Rivaroxaban	5-9 hours

Half-Life of common DOACs in patients with normal renal or hepatic function. Anticoagulation is considered to be resolved after 5 half-lives since the most recent dose.

#### **Renal and Hepatic Excretion**

- Renal and Hepatic excretion are two major ways the body gets rides of drugs, the first removed by the kidneys and the latter removed by the liver.
- Renal/hepatic impairment can therefore affect the half-life of a DOAC, possibly having a longer half-life than a patient without that issue.





#### **Does Coagulation Testing Help?**

- Prothrombin time (PT), international normalized ratio (INR) and partial thromboplastin time (PTT) are usually used to assess the coagulation status
- DOACs do not significantly affect these tests. Hence these tests cannot be used to assess the degree of anticoagulation achieved with a DOAC.



# **Initial Assessment**

- Severity of bleeding
- Active bleeding vs bleeding in recent past
- Location of bleeding
- Last dose of DOAC
- Use of other blood thinners
- Liver and kidney disease

#### **Reversal Agent for Dabigatran**

- Idarucizumab
- Brand Name: Praxbind
- Humanized anti-dabigatran monoclonal antibody fragment

# The Mechanism of Action of Idarucizumab

- Idarucizumab binds to the dabigatran with an affinity ≈350-fold higher than the affinity of dabigatran for thrombin
- Once dabigatran is complexed to idarucizumab, the anticoagulant effects of unbound and protein-bound dabigatran and its active metabolites are neutralized.

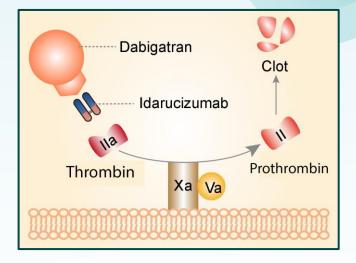
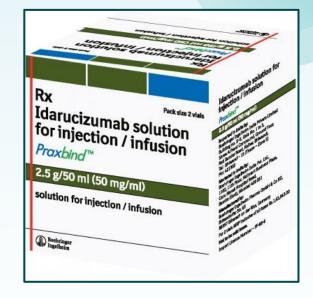


Image from https://www.creativebiolabs.net/idarucizumaboverview.htm

#### **Dose of Idarucizumab**

• The dose is 5 grams (two 2.5 g vials), which can be administered either as two consecutive infusions or as a bolus (ie, injecting both vials consecutively via syringe).



# **Uses of Idarucizumab**

- Idarucizumab is used when conservative bleeding management measures have been ineffective
- Patient has life-threatening bleeding
- Patient needs surgery on an urgent/emergency basis

#### **Side Effects of Idarucizumab**

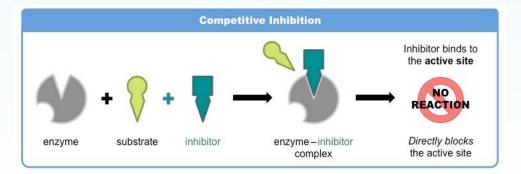
- Thrombosis is a major risk of Idarucizumab
- RE-VERSE AD study: Thrombotic events occurred in approximately 5 percent at one month and 7 percent at three months.

#### **Reversal Agents for factor Xa inhibitors**

- Andexanet alfa
- Clotting factor products
  - 4-factor PCC (Prothrombin complex concentrate) both activated and unactivated
  - Recombinant activated factor VII
  - Plasma products
- Activated charcoal

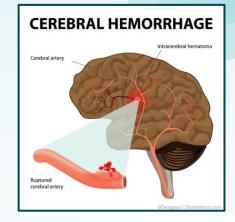
#### Andexanet Alfa

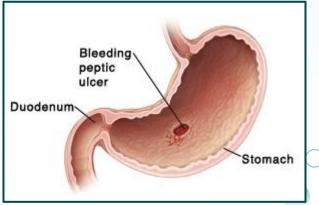
- Recombinant modified human Factor Xa protein that is catalytically inactive
  - Binds and sequesters Factor Xa inhibitors and native Factor Xa
  - Competitive inhibitor



# Use of Andexanet Alfa

- Life-threatening bleeding where conservative management strategies have failed
- Surgery is required on an urgent basis





# **Unactivated and Activated PCC**

- Prothrombin Complex Concentrates
- Types:
  - $\circ$   $\,$  4-factor PCC contains unactivated forms of factors II, VII, IX and X  $\,$
  - $\circ$   $\,$  3-factor PCC contains unactivated forms of factors II, IX and X  $\,$
- Activated and inactivated form
- Factor VIII inhibitor activity bypassing agent (FEIBA) is the only aPCC available in USA

# **Side Effects of Reversal Agents**

- Thrombosis is a major risk
- Little evidence to estimate the risk of thrombosis
- Andexanet alpha ANNEXA-4 study: Adverse events included thromboses in 34 of 352 patients (10 percent), distributed across the 30 days of follow-up.

# Acknowledgments

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- Our mentor Dr. Garud for his time guiding us for this project

#### References

- <u>Reversal of rivaroxaban anticoagulant effect by prothrombin complex concentrates: which dose is</u> <u>sufficient to restore normal thrombin generation? | Thrombosis Journal</u>
- <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6034772/</u>
- https://jamanetwork.com/journals/jama/article-abstract/2688561
- <u>https://pubmed.ncbi.nlm.nih.gov/22186946/</u>
- <u>https://depts.washington.edu/anticoag/home/content/edoxaban-savaysa</u>
- <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5874076/</u>
- https://www.nejm.org/doi/full/10.1056/nejmoa1510991
- https://thrombosisjournal.biomedcentral.com/articles/10.1186/s12959-020-00228-9
- <u>https://www.sciencedirect.com/topics/medicine-and-dentistry/activated-prothrombin-complex</u>
- <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6326120/</u>
- <u>https://www.nhs.uk/conditions/anticoagulants/side-effects/</u>
- <u>https://www.healthline.com/health/drugs/edoxaban-oral-tablet</u>
- https://www.mayoclinic.org/drugs-supplements/rivaroxaban-oral-route/side-effects/drg-20075013?p=1