

230015-CS Eliquis Patient Alert Card •
Size: 60.5mm(W) x 99mm(H) • FRONT

Patient Alert Card



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 Eliquis® 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 Eliquis® without talking to your doctor, as you are at risk of suffering from a stroke or other complications.
- Eliquis® 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 surgical or invasive procedures need to be performed, inform your doctor or dentist that you are taking Eliquis®.

For distribution by healthcare professionals to patients who have been prescribed with Eliquis.

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**I am under anticoagulation treatment
with Eliquis® (apixaban)
to prevent blood clots**

To report an adverse event associated with the use of Eliquis, contact
Pfizer Drug Safety Unit via Telephone: +65 64038888,
Email: SGPAEReporting@pfizer.com or Fax: Toll free 8001012817

Information for HEALTHCARE PROFESSIONALS

- Eliquis® (apixaban) is an oral anticoagulant acting by direct selective inhibition of factor Xa.
- Eliquis® may increase the risk of bleeding. In case of major bleeding events, it should be stopped immediately.
- Treatment with Eliquis® 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. Clotting tests such as prothrombin time (PT), international normalized ratio (INR) and activated partial thromboplastin time (aPTT) are not recommended.
- For more information, please refer to the approved Singapore package insert for Eliquis®, which is available on the HSA website.

Please complete this section or ask your doctor to do it

Name: _____

Birth Date: _____

Indication: _____

Dose: _____ mg twice daily

Doctor's Name: _____

Doctor's telephone: _____



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