# Patient Alert Card

# ORANXA

**Oranxa 10**
**Rivaroxaban Film-coated Tablets BP 10mg** ☐

**Oranxa 15**
**Rivaroxaban Film-coated Tablets BP 15mg** ☐

**Oranxa 20**
**Rivaroxaban Film-coated Tablets BP 20mg** ☐

SUN PHARMA

Tick the prescribed dose

- **Keep this card with you at all times.**
- **Present this card to every physician or dentist prior to treatment.**

**Information for healthcare providers:**
INR values should not be used as they are not a dependable measure of the anticoagulant activity of ORANXA.

## What should I know about ORANXA?

- ORANXA thins the blood, which prevents you from getting dangerous blood clots.
- ORANXA must be taken exactly as prescribed by your doctor. To ensure optimal protection from blood clots, **never skip a dose**.
- You must not stop taking ORANXA without first talking to your doctor as your risk of blood clots may increase.
- Tell your healthcare provider about any other medicines you are currently taking, took recently or intend to start taking, before you start ORANXA.
- Tell your healthcare provider that you are taking ORANXA before any surgery or invasive procedure.

## How do I take ORANXA?

To ensure optimal protection:

- ORANXA 10 can be taken with or without food
- ORANXA 15 must be taken with food
- ORANXA 20 must be taken with food

## When should I seek advice from my healthcare provider?

- When taking a blood thinner such as ORANXA it is important to be aware of its possible side effects.
- Bleeding is the most common side effect. Do not start taking ORANXA if you know you are at risk of bleeding, without first discussing this with your doctor.
- Tell your healthcare provider straight away if you have any signs or symptoms of bleeding such as the following:
  - pain
  - swelling or discomfort
  - headache, dizziness or weakness
  - unusual bruising, nosebleeds, bleeding of gums, cuts that take a long time to stop bleeding
  - menstrual flow or vaginal bleeding that is heavier than normal
  - blood in your urine which may be pink or brown, red or black stools
  - coughing up blood, or vomiting blood or material that looks like coffee grounds

**I am under anticoagulation treatment with ORANXA (rivaroxaban)**

Name:_____

Address:_____
_____
_____
_____
_____

Birth date:_____

Weight:_____

Other medicines / conditions:
_____
_____
_____
_____
_____

**In case of emergency, please notify:**

Doctor's name:

_____

Doctor's phone:

_____

Doctor's stamp:

_____

**Please also notify:**

Name:

_____

Phone:

_____

Relationship:

_____

This document has been approved by HSA as of 8 May 2026

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