

Information for you who have been prescribed Eliquis[®]

Read the information in the patient information leaflet carefully



WHAT IS ELIQUIS®?

You have been given this brochure because your physician has prescribed Eliquis for you. Either you have atrial fibrillation, and if so you have received Eliquis to reduce the risk of stroke caused by atrial fibrillation. Alternatively, you may have a blood clot in a leg or a lung, and if so you have had Eliquis to treat this blood clot. In this brochure you can, amongst other things, learn about common causes of your disease, the most common symptoms, what you can do to reduce the risk of becoming ill and practical advice during treatment with Eliquis.

The first part of the brochure is about ATRIAL FIBRILLATION and the second discusses BLOOD CLOT IN THE LEG OR THE LUNG. Be sure to read the section that applies to you. In the last part of the brochure you can read about things that apply regardless of which disease you have, i.e. things you should keep in mind when you take Eliquis.

You should also read the patient information leaflet which can be found in your drug packaging. You can also find this on www.fass.se. You will also find more information about your disease, treatment with Eliquis, practical advice and information material on www.eliquispatient.se.

FOR YOU WHO HAVE ATRIAL FIBRILLATION

SYMPTOMS OF ATRIAL FIBRILLATION

Atrial fibrillation is a heart disease that makes your heart beat fast and unsynchronized. Many people with atrial fibrillation do not notice any symptoms, but others may instead experience a fast and/or irregular heartbeat. Some people describe it as "palpitations". Other possible symptoms can be:



- tiredness
- shortness of breath
- chest pain
- dizziness
- reduced energy/fitness

THE CAUSE OF ATRIAL FIBRILLATION

The exact cause of atrial fibrillation has not been fully established, but the risk increases as you get older, and it is more common in people with other heart problems.

Atrial fibrillation can, for example, occur in relation to:

- high blood pressure
- narrowing/blockage in the blood vessels that supply the heart
- myocardial infarction
- congenital heart disease or after heart surgery
- smoking
- high consumption of coffee
- excessive consumption of alcohol
- stress
- heart failure
- hyperthyroidism (overproduction of thyroid hormone)
- sleep apnea (paused breathing during sleep)
- obesity

Discuss with your physician or nurse what you can do in terms of your lifestyle and your atrial fibrillation.

LIFE WITH ATRIAL FIBRILLATION

Having atrial fibrillation does not need to be a limiting factor and you can often live a fulfilled life anyway. It varies a lot from person to person how often you get attacks and how many problems you have from them. Some have attacks with an interval of several years, while others may have several attacks per week. Some do not notice them, while others have obvious discomfort.

An episode of atrial fibrillation can be experienced as very uncomfortable at that very moment, but for most people it is harmless for the heart. The longer you have had atrial fibrillation, the greater the risk that the atrial fibrillation will remain and does not resume to a normal, so-called sinus rhythm. You may need drug treatment, temporarily or for a longer period of time; partly medications to help symptoms from the irregular heartbeat and partly anticoagulants to reduce the risk of stroke.

Atrial fibrillation can occur as separate "episodes" that last a few minutes up to several days. This is called "paroxysmal atrial fibrillation", which simply means "atrial fibrillation that comes in attacks". There is also atrial fibrillation that can be described as "persistent" or "permanent", which means that the fibrillation is constant.

Atrial fibrillation is caused by the cells that cause your heartbeat to work improperly. This means that the natural pacemaker in the heart has been put out of action and cannot control the rhythm of the heart. In atrial fibrillation, both of the upper chambers of the heart cannot contract efficiently enough, and therefore the blood cannot be pumped around with the same force as before. These heart chambers are called atria, which is why the condition is called atrial fibrillation.

The greatest risk with atrial fibrillation is an increased risk of getting a stroke.

WHAT CAN ATRIAL FIBRILLATION RESULT IN?

Atrial fibrillation in combination with certain risk factors increases the risk of stroke. Examples of risk factors are old age, prior stroke, diabetes, high blood pressure, heart failure and ischemic heart disease.

Because the blood is not pumped away correctly from the heart, it may accumulate in the heart and form a clot, which is a build-up of clotted blood. If the clot leaves the heart and travels to the small blood vessels in the brain, the blood flow is blocked, resulting in a stroke.

People with atrial fibrillation have a higher risk of getting a stroke than people who do not have atrial fibrillation.

THIS IS HOW TO REDUCE THE RISK OF ATRIAL FIBRILLATION.

When you have atrial fibrillation attacks that appear to have been triggered by a particular reason, you can try to reduce the risk of new attacks yourself by avoiding triggering factors. For example, you can refrain from drinking alcohol or attempt to avoid stressful situations. Discuss with your physician or nurse what you can do in terms of your lifestyle and your atrial fibrillation.

For many people it is impossible to affect the atrial fibrillation attacks, for example as they can start when you sleep. By exercising, eating less fatty foods and abstain from smoking, the risk of cardiovascular diseases is reduced, which in turn may reduce the risk of atrial fibrillation. There are also drugs that can help to reduce the number of attacks.

THIS IS HOW YOU CAN DETECT IF SOMEONE HAS HAD A STROKE

A stroke can occur suddenly and you need to act fast. Here are some important signs of common symptoms:

If you notice any of these symptoms – do not wait – call 911 immediately.

F

**FACIAL
DROOPING**

Facial paralysis? Smile and show the teeth. Does the person have an asymmetric face? Is the corner of the mouth drooping?

A

**ARM
WEAKNESS**

Arm weakness? Lift the arms and hold for 10 seconds. Does the person have signs of weakness/paralysis in any arm?

S

**SPEECH
DIFFICULTIES**

Difficulties speaking, reading or understanding speech? Say the sentence: "The weather is good today". Is it hard for the person to find words, say the right words or is the speech slurred?

T

TIME

The symptoms will appear suddenly and must be treated quickly!

Discuss the FAST test with family and friends so that they can help in an emergency.

Other symptoms may include weakness or numbness/paralysis in one side of the body, loss of vision or blurred vision in one or both eyes, confusion, dizziness or unsteadiness.

YOUR DRUG

Drugs that reduce the blood's ability to clot (anticoagulants)

Anticoagulants are drugs that decrease the blood's ability to clot, which prevents the formation of blood clots and therefore reduces the risk of stroke, amongst other things.

Your physician has carefully assessed your risk of having a stroke and have decided to prescribe the drug Eliquis. Eliquis helps to prevent blood clots from forming by blocking one of the substances that are involved in the coagulation process.

The purpose of Eliquis is to reduce the risk of you having a stroke caused by atrial fibrillation.

This is how you use Eliquis®

Always take Eliquis as prescribed by your physician.

Eliquis is always taken 2 times a day, for example once in the morning and once at night.

Try to take the tablets at the same time each day. It may be easier to take them in conjunction with some other daily routine that you already have, and which you normally perform twice a day.

The usual dose for Eliquis is a 5 mg tablet twice a day, certain patient groups can be prescribed 2.5 mg twice daily.

You should swallow the Eliquis tablet with a glass of water. You can take it with or without food. The tablet can be crushed if you have difficulty swallowing.

If necessary, you can remove the Eliquis tablets from the blister pack and place them in a pill box.

Get started with Eliquis® patient support program

Please visit www.eliquispatient.se to take advantage of the patient support program. The patient support is intended to help you in several ways to understand your disease, feel safe with your treatment and to offer different tools to help you remember to take your drug.

*Eliquis is always taken 2 times a day, for example
once in the morning and once at night.*

FOR YOU WHO HAVE A BLOOD CLOT IN THE LEG OR LUNGS

When you have a blood clot, the blood forms a clot inside of a blood vessel. The blood clot makes it more difficult for the blood to pass through the blood vessel. A blood clot that is detected and treated early is usually not dangerous, but if it becomes bigger it can severely prevent blood circulation. Blood clots are most common in the legs and often starts in a blood vessel in one of the calves.

Common symptoms of a blood clot in a leg:

- the calf swells and becomes warm, sometimes also red or discolored
- the leg can feel heavy
- the leg aches, especially when walking and using the calf muscle
- the calf is sore and tense if you squeeze it
- superficial blood vessels on the leg can become more apparent and feel sore
- you can have a slight fever

If you think you have had a blood clot, you should seek medical attention straight away at a primary health care center, an urgent care facility or an emergency room.

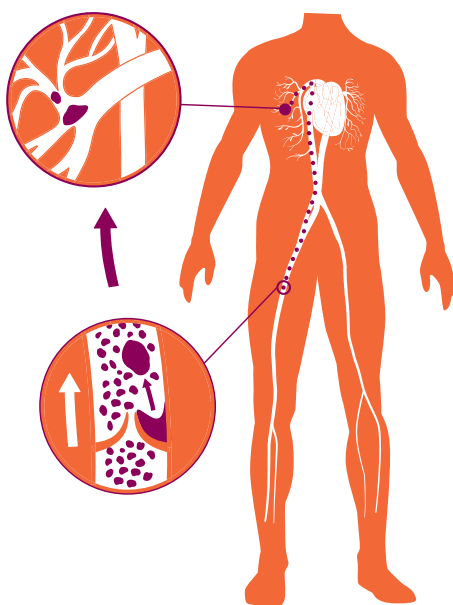
THE RISK OF A BLOOD CLOT A IN LEG AND LUNG INCREASES IF YOU FOR EXAMPLE:

- have an infection
- are older than 65 years
- are pregnant
- are obese
- are a smoker
- have cancer, especially during surgery or if you are treated with chemotherapy
- have an abnormally increased amount of blood cells
- use birth control pills or other drugs containing estrogen
- have been sitting still for a long time, for example during long-haul flights
- are immobilized, for example after a surgery or if the leg or arm is in a cast

WHAT A BLOOD CLOT CAN LEAD TO

A blood clot that is detected and treated early is usually not dangerous and will not cause long-lasting problems. A blood clot in the veins of the lower leg that is not treated can grow to the extent that the blood flow is severely affected. These conditions may be more difficult to treat effectively and may in rare cases require a surgical intervention. A blood clot in a vein can become several feet long. Such a blood clot in the calf can increase in size and eventually reach up to the veins in the thigh and pelvis.

Blood clots that are formed in the veins in the legs or the pelvis may dislodge and be carried with the blood and get stuck in one or both of the lungs. Sudden respiratory distress, cough or a stitch in the side of the chest when breathing can indicate that a blood clot has traveled with your blood to the lungs and has gotten stuck.



It is important that you receive treatment for your blood clot since it otherwise could dislodge and be brought to the lungs, which can lead to difficulty in breathing.

TO PREVENT AND TREAT BLOOD CLOTS

To prevent blood clots in the legs, it is important to move your legs as much as you can, even if you are bedridden or is sitting a lot. Smoking cessation and losing weight can reduce the risk of developing blood clots.

Blood clots must be treated by a physician and you usually need to take anticoagulants. The treatment helps the body to dissolve the blood clot so that the blood vessel is opened again and also reduces the risk of new blood clots.

If you have a blood clot in your leg you sometimes have to use a compression stocking, both while having treatment and afterwards.

If you do not move and use your calves, the blood circulation in the legs become slower, which makes forming blood clots easier. Think about this when you spend a long time sitting down, for example during long-haul flights. One tip is to do toe push-ups and walk around a little when you are sitting still a lot and for extended periods of time.

Blood clots in the legs or lungs can form easier if the blood's ability to clot or dissolve clots is impaired. Hereditary factors may play a role in this.

HOW TO TAKE ELIQUIS® WHEN YOU HAVE A BLOOD CLOT IN THE LEG OR LUNG

You should always take Eliquis as prescribed by your physician. When treating blood clots in the leg or lung, it is most common for you to take your tablets as follows:

THE MOST COMMON is for you to take TWO tablets, 5 mg each, in the morning and two tablets, 5 mg each, in the evening for seven days.

Then you will cut the amount of tablets in half and take ONE tablet of 5 mg in the morning and evening for at least three months. Follow what your physician has ordered.

If you have had repeated blood clots, you may need to take your anticoagulants for several years. Do not stop taking Eliquis without talking to your physician first. The risk of blood clots may increase if you stop treatment too early. You can read more about how to use Eliquis in the patient information leaflet in your drug packaging or on www.fass.se.

Please also visit www.eliquispatient.se. You will find more information on Eliquis, practical tools and answers to the most frequently asked questions.

WHAT TO CONSIDER WHEN TAKING ELIQUIS®

TO CONSIDER

What should you do if you have taken too much Eliquis®?

Please tell your physician or nurse immediately if you have taken more than the prescribed dose of Eliquis. Bring the drug packaging to your physician, even if there are no tablets remaining. If you take more Eliquis than recommended you may temporarily be at an increased risk of bleeding.

In case of contact with medical/dental care

If you are having surgery, a biopsy or dental treatment, tell your physician or dentist that you are taking Eliquis. You may need to stop taking Eliquis or take a break.

Use the Eliquis necklace and the wallet card. These are always good to have with you if you have an accident. Show the wallet card if you need to see a physician abroad or in Sweden.

Drugs and supplements

Some drugs and dietary supplements may interfere with the anticoagulant effect of Eliquis and either increase the risk of bleeding or cause the drug to be less effective. You can find a complete list of drugs that can affect Eliquis in the patient information leaflet in the drug packaging.

Pregnancy or illness

You should not take Eliquis if you are pregnant, breastfeeding, or have liver disease or bleeding disorder, unless your physician tells you otherwise after he/she has received information about this. Therefore remember to tell your physician if any of these apply to you.

How long should you take Eliquis®?

The duration of treatment with Eliquis may vary; some people may need to take it indefinitely. You should always follow your physician's instructions and continue taking your medication for as long as your physician has told you to do so.

What should you do if you forget a dose?

If you forget to take a dose of Eliquis, you should take the tablet as soon as you remember, and then take the next Eliquis tablet at the usual time and then continue as usual. If you have any doubts, ask your physician or the person in charge of your medication.

**DO NOT STOP TAKING ELIQUIS
WITHOUT FIRST DISCUSSING THIS
WITH YOUR PHYSICIAN!**



POSSIBLE SIDE EFFECTS

Just like with all drugs, Eliquis can cause side effects, although not everybody gets them.

You can read more about side effects in the patient information leaflet provided in your drug packaging.

Just like with other similar drugs (anticoagulants), Eliquis can increase the risk of bleeding, which may require immediate medical attention.

Other occurring side effects are bruising, blood in the urine (which colors the urine pink or red) or nosebleeds.

Nausea may also occur. If there is unexpected bleeding, you should contact your physician or nurse. Tell your physician, pharmacist or nurse if you experience any side effects, even if they are not included in the patient information leaflet or in this brochure.

MANAGEMENT OF BLEEDING

Eliquis affects the blood's ability to clot, i.e. to coagulate. This is why you in some cases can get bleeding with this type of drug. It is common that cuts and similar things may take a little longer to stop bleeding.

For minor bleeding from the nose, gums, gastrointestinal tract or urine, contact your nurse/physician for advice.

If you feel dizzy, faint or if you are bleeding a lot – immediately go to the nearest emergency room or call 911.

In rare but very serious bleeding disorders there is an antidote to Eliquis that can be used to reverse the effects of Eliquis – it is only used in hospitals in emergency situations.

PATIENT SUPPORT

When you were prescribed Eliquis, you may have received an "Eliquis starter kit". The starter kit contains a patient folder and a necklace. Please visit www.eliquispatient.se to take advantage of Eliquis patient support. The purpose of this patient support is to help you understand your disease, feel safe with your treatment or to remember to take your drug. If you have not received the starter kit, contact your health care team so that they can help you.

Always tell your physician and dentist that you are taking Eliquis. If you are having dental surgery or a procedure with your dentist, always tell them that you are taking Eliquis, as in some cases you may need to skip the morning dose of Eliquis before the dental procedure. Your dentist will tell you what to do.

HEALTHY LIVING

A combination of a healthy lifestyle and the correct drugs will help you manage your disease or treat your blood clot. Keep the following lifestyle factors in mind and how they can affect you:

- **Diet:** eat lots of fresh fruit and vegetables. Reduce the intake of meat with a high fat content and avoid excessively processed food or ready-made meals to keep your cholesterol levels under control. Reduce the amount of salt to help control high blood pressure, another factor that can, amongst other things, contribute to atrial fibrillation.
- **Exercise:** physical activity on a regular basis helps protect not only to keep weight under control but also to maintain a positive outlook on life. Consult with your physician/nurse before starting any new forms of exercise, so you know it is not dangerous based on your health status.
- **Stress:** people who are stressed are more likely to get certain diseases, such as atrial fibrillation. Try to identify ways to manage your stress and build exercise into your everyday routine.
- **Weight:** losing weight if you are obese is important. Discuss this with your physician/nurse.
- **Sleep apnea:** to manage sleep apnea (pauses in breathing during sleep) may affect your atrial fibrillation in a positive direction.
- **Alcohol:** can trigger atrial fibrillation. Drink moderate amounts of alcohol and discuss with your physician/nurse if you need to reduce your consumption.

MORE INFORMATION AND SUPPORT

■ Eliquispatient.se

www.eliquispatient.se

■ Blodproppsskolan [Blood Clot School]

www.blodproppsskolan.se

■ STROKE-riksförbundet [Swedish National STROKE Association]

www.strokeforbundet.se

■ Hjärt- och Lungsjukas Riksförbund [Swedish National Association for Heart and Lung Disease]

www.hjart-lung.se

■ Flimmertipslinjen [telephone helpline in atrial fibrillation]

www.hjart-lung.se

Tel.: 0720–78 00 19

■ 1177 Vårdguiden [website for public health care advice]

www.1177.se

Eliquis® belongs to a group of drugs called anticoagulants (blood thinners). This medicine will help to prevent blood clots from forming by blocking factor Xa which is an important component for clotting. The active substance in Eliquis® is called apixaban. Eliquis® is available as film-coated tablets in the strengths 2.5 and 5 mg. **Eliquis® is used in adults:** 1. To prevent blood clots (deep vein thrombosis, DVT) forming after hip or knee joint surgery. 2. To prevent blood clots from forming in the heart in patients with irregular heart rhythm (atrial fibrillation) and at least one more risk factor. Blood clots may dislodge and be transported to the brain and cause a stroke there, or to other organs and prevent normal blood flow to them. 3. To treat blood clots in the veins of the leg (deep vein thrombosis) and in the blood vessels of the lung (pulmonary embolism) and to prevent blood clots from returning in the leg blood vessels and/or the lungs. **Do not use Eliquis®:** if you are allergic to apixaban or any other ingredients in this drug or if you have ongoing bleeding, if you have a disease in an organ in the body that increases the risk of severe bleeding (such as ongoing or recent ulcers in the stomach or bowels, recent bleeding in the brain), if you have a liver disease leading to increased risk of bleeding (hepatic coagulopathy), if you are taking any drugs to prevent blood clots (e.g. warfarin, rivaroxaban, dabigatran or heparin), except when changing blood thinner treatment or during the time you have a venous or arterial catheter and you are receiving heparin to keep it open or if a tube is inserted into the blood vessel (catheter ablation) to treat an irregular heartbeat (arrhythmia). Talk to your physician, pharmacist or nurse before taking this drug: if you have a severe kidney disease or are on dialysis, if you have problems with your liver or have had previous liver problems, if you have an artificial heart valve or if you know that you have a disease called anti-phospholipid syndrome (an immune system disorder, which increases the risk of getting blood clots). **For complete information on Eliquis®,** read the patient information leaflet provided with the package carefully (see also www.fass.se).

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Version 4



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