CPE administrator,
The College of Pharmacy Practice
13/F, Kingsfield Centre,
18 Shell Street, North Point, HK.

Dear sir/madam,

Enclosed please find the self study report presented in form as per Appendix III.

Thank you.

Ka Leung LAU

Appendix III

Continuing Pharmacy Education ('CPE') Programme for Registered Pharmacists
The Pharmacy and Poisons Board of Hong Kong

Report Form for Self-study CPE Activities for the 2026 to 2027 CPE Cycle

The report form should be submitted to the respective CPE Administrators for recording the CPE points to be awarded. One CPE point will be allocated per an actual hour spent on reading the reference materials. If reflection report is required to be submitted upon completion of self-study activities, a maximum of 7 CPE points per cycle would be allowed; whereas a maximum of 3 CPE points per cycle should be allowed if reflection report is not required to be submitted upon completion of Self-study activities.

I. Particulars of Applicant

(a) Name: LAU Ka Leung (bobby_lau2000@yahoo.com)

(b) Pharmacist Registration No.: P01354

(c) CPE Administrator: The College of Pharmacy Practice

(d) Report Date: 17th July 2026

II. Details of Self-study CPE Activities

(a) Information on the Self-study material(s)[Note]

Title of paper/book/chapter(s)/e-learning material(s): Supporting safe anticoagulation use in the community setting

Author(s): Tessa Raba & Jaime Hornecker

Journal/Volume/pages/edition/year published/pages/websites: *US Pharm.* 2026:51(2):28-32

(b) Time spent: 3 hour(s) ✓ minute(s)

(c) Summary

Please describe the background of the subject area, main contents of the material and conclusions/suggestions in not less than 100 words.

Use of anticoagulants is prevalent. To achieve the desired effect requires patient education, dosing adherence, vigilance and regular monitoring. With the advent of direct oral anticoagulants (DOACs), the anticoagulation goal will now be more easily achieved and with greater safety.

The vitamin K antagonist, warfarin, whose various features were reviewed. They essentially reveal warfarin's intrinsic inferiority as opposed to the new class of anticoagulants.

DOACs: direct thrombin inhibitor (dabigatran) and Factor Xa inhibitors (apixaban and rivaroxaban) were introduced as warfarin's substitution, for their high efficacy, better safety and convenient usage (for both patient and doctor).

Dosing and monitoring of DOACs is relatively simple and infrequent, compared with warfarin's highly individualized and frequent. Drug, diet and lifestyle interactions caused by DOACs are minimal and can be managed more easily. Missed dose arrangement for DOACs is more immediate, usually taking the missed dose as soon as one remembers.The perioperative managements for DOACs and warfarin differ because of pharmacokinetic differences of the drugs and their targets' half lifes.

Bleeding risk for both categories of anticoagulants remain, however. DOACs also have reversal agents (monoclonal antibodies).Switching between warfarin and DOACs is a common clinical situation,and the strategies for either directional switch were reviewed.

In conclusion, in spite of the advantages offered by DOACs, pharmacist's effective counseling is imperative in ensuring positive anticoagulation outcome and safe anticoagulant use.

Note:

The Self-study materials must be pharmacy-related including (i) scientific papers;(ii) books/book chapters/monographs published by professional publishers; and (iii) network educational programme/e-learning materials presented by academic institutions, professional bodies or government agents which must be published within the most recent 3 years counting from the date of report of the self-study CPE activity.

(d) Critical assessment of the value of the material studied

Please include a brief review of the subject area and rationale for the issue, scientific values of the material, clinical implications, critical views, recommendations and perspectives, etc in not less than 100 words.

Traditionally, anticoagulant use is problematic (in case of warfarin) but essential for targeted patient groups. That is, either the time within the therapeutic window being too little, or major bleeding occurring. These are due to warfarin's mode of action which is subject to various drug/drug, drug/food interactions. Hence, frequent drug monitoring and dosage titration are necessary.

With a new class of anticoagulants which act on specific targets of the coagulation cascade, the prospect of having multiple types of interactions is much diminished, thus a more favourable side effect profile.

As appropriate dosages have been established in various clinical trials, the dosing schemes of DOACs are relatively simple, this makes them easy to utilize and the low side effect occurrence rate makes drug monitoring usually not necessary.

The only drawback would be their high prices. Once generics are available, their use would be more widespread.

Although DOACs superior qualities are evident, pharmacist's counseling is still pivotal in positive outcomes. Patient education (such as dabigatran capsule to be taken whole), adherence, side effect awareness and its management, even knowledge of the underlying disease state are all factors in the success of anticoagulation treatment.

Signature of the Applicant: _____ Date: 17th July 2026 (posted)

.....

For official use only:

CPE points credited:_____ **Checked by:**_____ **Date:**_____