Our Lady of the Lake Regional Medical Center

Pharmacy Anticoagulation Stewardship

Direct Oral Anticoagulant (DOAC) Dosing Guideline

Agent	Indications	Standard Dosing	Dose adjustments	Contraindications
Apixaban	Nonvalvular atrial fibrillation	5 mg PO BID	If patient has 2 of the following: age ≥ 80 years, weight ≤ 60 kg, SCr ≥ 1.5 mg/dL, give: 2.5 mg PO BID CrCl 15-29 mL/min or dialysis: May consider dose reduction to 2.5 mg PO BID	Concomitant therapy with strong dual CYP3A4 and P-glycoprotein (P-gp) inducers: rifampin, carbamazepine, phenytoin, St. John's Wort Severe hepatic impairment (Child-Pugh class C) Severe hypersensitivity reaction (ie, anaphylaxis) to apixaban or any component of the formulation; active pathological bleeding.
	Venous thromboembolism	Loading dose: 10 mg PO BID x 7 days, then 5 mg PO BID	Patients with SCr ≥ 2.5 mg/dL or CrCl < 25 mL/min and ESRD were excluded from clinical trials May consider 5 mg BID for 7 days; then 2.5 mg BID	
	Venous thromboembolism prophylaxis following total knee or hip arthroplasty	2.5 mg PO BID beginning 12-24 hours post-operatively	Patients with CrCl < 30 mL/min were excluded from clinical trials. Use not recommended	
	HIT with or without thrombosis (Off-Label)	10 mg PO BID x 7 days or until platelet recovery: Then 5 mg PO BID	If treated with parenteral non-heparin anticoagulant, Transition to 5 mg PO BID If parenteral non-heparin anticoagulant is administered for <7 days, transition to 10 mg BID x 7 days; then 5 mg PO BID	
Edoxaban	Nonvalvular atrial fibrillation	60 mg PO daily	CrCl 15-50 mL/min: 30 mg PO daily	CrCl > 95 mL/min due to reduced efficacy (nonvalvular atrial fibrillation) CrCl < 15 mL/min Concomitant P-gp inducers: Avoid concomitant use ESRD on dialysis (lack of data; not dialyzable) Moderate to severe hepatic impairment (Child-Pugh class B & C)
	Venous thromboembolism	Begin after 5 days of parenteral anticoagulant therapy: >60 kg: 60 mg PO daily <60 kg: 30 mg PO daily	CrCl 15-50 mL/min: 30 mg PO daily Concomitant P-gp inhibitors: 30 mg PO daily	

Rivaroxaban	Coronary artery disease or peripheral artery disease	2.5 mg PO BID	CrCl < 15 mL/min excluded from clinical trials	Active bleeding Concomitant dual P-gp and strong CYP3A inhibitors or inhibitors Moderate to severe hepatic impairment (Child-Pugh class B & C) Hepatic disease with associated coagulopathy ESRD on dialysis: Lack of available clinical and safety data Severe hypersensitivity to rivaroxaban or any component of the formulation
	Nonvalvular atrial fibrillation	20 mg PO once daily with dinner	CrCl 15-50 mL/min: 15 mg PO daily with food Patients with CrCl < 30 mL/min were excluded from clinical trials Discontinue if acute renal failure develops	
	Venous thromboembolism	15 mg PO BID with food x 21 days, then 20 mg PO once daily with dinner	CrCl < 30 mL/min: Avoid use	
	Venous thromboembolism prophylaxis following total knee or hip arthroplasty	10 mg PO once daily 6-10 hours after surgery	CrCl: 30-50 mL/min: Use with caution CrCl < 30 mL/min: Avoid use	
	HIT with or without thrombosis (Off-Label)	15 mg PO BID with food x 21 days days or until platelet recovery(whichever is longer) Then 20 mg PO once daily with dinner	If treated with parenteral non-heparin anticoagulant, Transition to 20 mg PO daily platelet count recovery. If parenteral non-heparin anticoagulant is administered for <21 days, transition to 15 mg BID x 21 days; then 20 mg PO daily	
Dabigatran	Nonvalvular atrial fibrillation	150 mg PO BID	CrCl 30 to 50 mL/min + Dronedarone or PO ketoconazole: 75 mg PO BID CrCl 15-30 mL/min: 75 mg PO BID CrCl < 15 mL/min: Not recommended Concomitant P-gp inhibitor + CrCl < 30 mL/min: Avoid use	Active bleeding Patients with prosthetic mechanical heart valves Concomitant P-gp inducers Use with caution in those $\geq$ 75 years old Serious hypersensitivity (eg, anaphylaxis or anaphylactic shock) to dabigatran or any component of the formulation
	Venous thromboembolism	Begin after 5 days of parenteral anticoagulant therapy: 150 mg PO BID	Concomitant P-gp inhibitor + CrCl <50 mL/minute: Avoid CrCl < 30 mL/min and those receiving hemodialysis were excluded from clinical trials	
	Venous thromboembolism prophylaxis following total knee(TKA) or hip (THA) arthroplasty	110 mg PO once 1-4 hours following surgery, 220 mg PO once after hemostasis achieved, then 220 mg PO daily x 10-14 days(up to 35 days in TKA)	CrCl < 30 mL/min and those receiving hemodialysis were excluded from clinical trials	

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