

Appropriate prescribing of Direct Oral Anticoagulants (DOACs) - Summary Clinical Guideline

(Table 1. From the full guideline of dosing for licensed indications).

See full guideline for drug interactions, renal/hepatic impairment, monitoring, extremes of body weight, pregnancy, missed doses, administration factors

	Renal Function (CrCl)	Apixaban	Dabigatran	Edoxaban	Rivaroxaban
Prevention of stroke and systemic embolism in patients with NVAf	>95ml/min	<p>Preferred first line.</p> <p>5mg twice daily.</p> <p>Reduce dose to 2.5mg twice daily if patient has 2 or more of the following characteristics:</p> <ul style="list-style-type: none"> • Cr \geq133mmol/L • Age \geq80years • Weight \leq 60kg 	150mg twice daily	Not advisable	20mg once daily. Take with food.
	50-95ml/min		110mg twice daily if age \geq 80 years or receiving concomitant verapamil	60mg once daily	
	30-49ml/min		Consider 110mg twice daily if bleeding risk high, GI risk, moderate renal impairment or age between 75-80 years	30mg once daily if weight \leq 60kg or receiving concomitant ciclosporin, dronedarone, erythromycin, ketoconazole.	
	15 – 29ml/min		2.5mg twice daily	30mg once daily	15mg once daily. Take with food.
	<15ml/min or undergoing dialysis	Not recommended	Not recommended	Not recommended	Not recommended
Treatment of DVT and/or PE	\geq 50ml/min	10mg twice daily for 7 days followed by 5mg twice daily as maintenance.	<p>150 mg twice daily following at least 5 days parenteral anticoagulant treatment.</p> <p>110mg twice daily if age \geq 80 years or concomitant verapamil.</p> <p>Consider 110 mg twice daily if thrombotic risk low, but bleeding risk high: e.g. 75-80 years, CrCL 30-50mL/min or at other increased risk of bleeding (e.g. GI). Following at least 5 days parenteral anticoagulant.</p>	<p>Least preferred</p> <p>60mg once daily following at least 5 days of parenteral anticoagulant treatment.</p> <p>30mg once daily if weight \leq 60kg or receiving concomitant ciclosporin, dronedarone, erythromycin, ketoconazole.</p> <p>Following at least 5 days of parenteral anticoagulant treatment.</p>	15mg twice daily for 21 days then 20mg once daily as maintenance. Take with food.

	30-49ml/min			Least preferred 30mg once daily. Following at least 5 days of parenteral anticoagulant treatment.	15mg twice daily for 21 days then 20mg once daily as maintenance. Reduce maintenance dose to 15mg once daily if bleeding risk outweighs risk for recurrent DVT or PE. Take with food.
	15-29ml/min	No dose adjustment. 10mg twice daily for 7 days followed by 5mg twice daily as maintenance. Use with caution.	Not recommended.		
	<15ml/min or undergoing dialysis	Not recommended		Not recommended	Not recommended
Prevention of recurrent DVT and/or PE following completion of 6 months of treatment for DVT or PE	≥50ml/min	2.5mg twice daily Following completion of 6 months at treatment dose.	150mg twice daily. 110mg twice daily if age ≥ 80y or concomitant verapamil	60mg once daily. 30mg once daily if weight ≤ 60kg or receiving concomitant ciclosporin, dronedarone, erythromycin, ketoconazole.	10mg once daily (consider 20mg once daily if high risk of recurrent DVT/PE e.g. complicated co-morbidities or if developed recurrent DVT or PE on extended prevention with 10mg once daily) Following completion of 6 months at treatment dose. Take with food.
	30-49ml/min	No dose adjustment necessary. Use with caution.	Consider 110 mg twice daily if thrombotic risk low, but bleeding risk high: e.g. 75-80 years, CrCL 30-50mL/min or at other increased risk of bleeding (e.g. GI)	30mg once daily	
	15-29ml/min		Not recommended		
	<15ml/min or undergoing dialysis	Not recommended		Not recommended	Not recommended
Prevention of atherothrombotic events in patients: - After ACS with elevated cardiac biomarkers OR With CAD or symptomatic PAD at high risk of ischaemic events	≥50ml/min	Not licensed	Not licensed	Not licensed	2.5mg twice daily (when administered with aspirin alone or with aspirin plus clopidogrel) Extension of treatment beyond 12 months should be done on an individual patient basis as experience up to 24 months is limited
	30-49ml/min				
	15-29ml/min				No dose adjustment. Use with caution.
	<15ml/min or undergoing dialysis				Not recommended.

Prevention of thrombo-embolism after total hip (35 days) or knee (14 days) replacement in adults	≥50ml/min	2.5 mg twice daily. Initial dose should be taken 12 to 24 hours after surgery. Duration of treatment: THR = 32-38 days TKR = 10-14 days	SEE FULL GUIDELINE FOR DOSING INFORMATION	Not licensed	10mg once daily. Take with food. Initial dose taken 6-10 hours after surgery provided haemostasis has been established. Duration of treatment: THR = 5 weeks TKR = 2 weeks
	30-49ml/min		SEE FULL GUIDELINE FOR DOSING INFORMATION		
	15-29ml/min	No dose adjustment. Use with caution.	Not recommended		No dose adjustment. Use with caution.
	<15ml/min or undergoing dialysis	Not recommended			Not recommended.

*See full clinical guideline for apixaban prescribing in haemodialysis patients