



DIRECT ORAL ANTICOAGULANT (DOAC) GUIDE

Dosing and Drug Interactions

NOTE: This document is for reference purposes only

Medications	INDICATIONS AND DOSAGE						
	Stroke Prevention in NVAF	Treatment of VTE	VTE Prevention after 6 months of initial treatment for VTE	VTE Prevention- Hip	VTE Prevention - Knee	VTE Prevention after PCI with NVAF	Prevention of Cardiovascular Events in Patients with CAD/PAD
Eliquis® (apixaban)	5 mg BID OR 2.5 mg BID if 2 of the following: • Age ≥ 80 years • Weight ≤ 60 kg • SCr ≥ 1.5 mg/dL	10 mg BID x 7 days then 5 mg BID	2.5 mg BID <i>Off label indication for cancer associated VTE**</i>	2.5 mg BID x 35 days Use caution if <i>CrCl < 30 mL/min</i>	2.5 mg BID x 12 days Use caution if <i>CrCl < 30 mL/min</i>	<i>Off-label Indication</i> 5 mg BID OR 2.5 mg BID if 2 of the following: • Age ≥ 80 years • Weight ≤ 60 kg • SCr ≥ 1.5 mg/dL	<i>Not FDA Approved</i>
Xarelto® (rivaroxaban)	20 mg QD* OR 15 mg QD* if CrCl 15-50mL/min Do not use if <i>CrCl < 15mL/min</i>	15 mg BID* x 21 days then 20 mg QD* Do not use if <i>CrCl < 15 mL/min</i>	10 mg QD Do not use if <i>CrCl < 15 mL/min</i>	10 mg QD x 35 days Do not use if <i>CrCl < 15 mL/min</i>	10 mg QD x 12 days Do not use if <i>CrCl < 15 mL/min</i>	<i>Off-label Indication</i> 15 mg QD* OR 10 mg QD* If CrCl 30–50 mL/min Do not use if <i>CrCl < 30 mL/min</i>	2.5 mg BID with 81 mg aspirin QD Do not use if <i>CrCl < 15 mL/min</i>
Pradaxa® (dabigatran)	150 mg BID OR 75 mg BID if CrCl 15-30 mL/min Do not use if <i>CrCl < 15 mL/min</i>	150 mg BID (after 5-10 days of heparin or LMWH) Do not use if <i>CrCl < 30 mL/min</i>	150 mg BID Do not use if <i>CrCl < 30mL/min</i>	110 mg QD day 1, then 220 mg QD x 28 - 35 days Do not use if <i>CrCl < 30mL/min</i>	<i>Off-label Indication</i> 150-220 mg QD x 6-10 days	<i>Off-label Indication**</i>	<i>Not FDA Approved</i>
Savaysa® (edoxaban)	60 mg QD OR 30 mg QD if CrCl 15-50 mL/min Do not Use if <i>CrCl > 95 mL/min</i> OR <i>CrCl < 15 mL/min</i>	60 mg QD (after 5-10 days of heparin or LMWH) OR 30 mg QD if weight ≤ 60 kg or CrCl 15–50 mL/min Do not use if <i>CrCl < 15 mL/min</i>	<i>Off label indication for cancer associated VTE**</i>	<i>Off-label Indication**</i>	<i>Off-label Indication**</i>	<i>Not FDA Approved</i>	<i>Not FDA Approved</i>

CAD: coronary artery disease
CrCl: Cockcroft-Gault creatinine clearance
LMWH: low molecular weight heparin

NVAF: non-valvular atrial fibrillation
PAD: peripheral artery disease

PCI: percutaneous coronary intervention
VTE: venous thromboembolism

* take with food
**no specific dose listed



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Medication	Drug Interaction	Effect of DOAC	Recommendation
Eliquis® (apixaban)	Strong CYP3A4 Inhibitors + P-gp Inhibitors (itraconazole, ketoconazole, ritonavir)	Significant increase in apixaban effect	Use with caution; if taking 5 mg or 10 mg BID, reduce dose by 50%; if taking 2.5 mg BID – avoid use
	Moderate CYP3A4 Inhibitors + P-gp Inhibitors (clarithromycin, diltiazem, verapamil)	Moderate increase in apixaban effect	Use with caution
	Strong CYP3A4 Inducers OR P-gp Inducers (apalutamide, carbamazepine, fosphenytoin, phenytoin, rifampin, St. John's Wort)	Significant decrease in apixaban effect	Avoid use
Xarelto® (rivaroxaban)	Strong CYP3A4 Inhibitors + P-gp Inhibitors (itraconazole, ketoconazole, ritonavir)	Significant increase in rivaroxaban effect	Avoid use
	Moderate CYP3A4 Inhibitors + P-gp Inhibitors (clarithromycin, diltiazem, verapamil)	Moderate increase in rivaroxaban effect	Avoid use: in patients with CrCl 15-80 mL/min unless benefit outweighs risk
	Strong CYP3A4 Inducers OR P-gp Inducers (apalutamide, carbamazepine, fosphenytoin, phenytoin, rifampin, St. John's Wort)	Significant reduction in rivaroxaban effect	Avoid use
Pradaxa® (dabigatran)	P-gp Inhibitors (amiodarone, carvedilol, clarithromycin, cyclosporine, dronedarone, erythromycin*, ivacaftor, ketoconazole*, quinidine, ranolazine, ritonavir, ticagrelor, verapamil)	Increase in dabigatran effect	AF: Consider reducing dose from 150 mg BID to 75 mg BID in patients with CrCl 30-50 mL/min and taking dronedarone or ketoconazole* VTE: Avoid use in patients with CrCl<50mL/min Avoid use: in patients with CrCl<30 mL/min
	P-gp Inducers (apalutamide, carbamazepine, fosphenytoin, phenytoin, rifampin, St. John's Wort)	Significant reduction in dabigatran effect	Avoid use
Savaysa® (edoxaban)	P-gp Inhibitors (amiodarone, carvedilol, clarithromycin, cyclosporine, dronedarone, erythromycin*, ivacaftor, ketoconazole*, quinidine, ranolazine, ritonavir, ticagrelor, verapamil)	Increase in edoxaban effect	AF: do not reduce dose VTE: reduce dose to 30 mg QD if patient taking verapamil, quinidine, clarithromycin, dronedarone, erythromycin*, ketoconazole*; NOTE: other P-gp inhibitors have not been studied
	P-gp Inducers (apalutamide, carbamazepine, fosphenytoin, phenytoin, rifampin, St. John's Wort)	Significant reduction in edoxaban effect	Avoid use

AF: atrial fibrillation
CrCl: Cockcroft-Gault creatinine clearance

CYP: cytochrome P450
P-gp: permeability glycoprotein

VTE: venous thromboembolism
*Systemic use

REFERENCES:

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