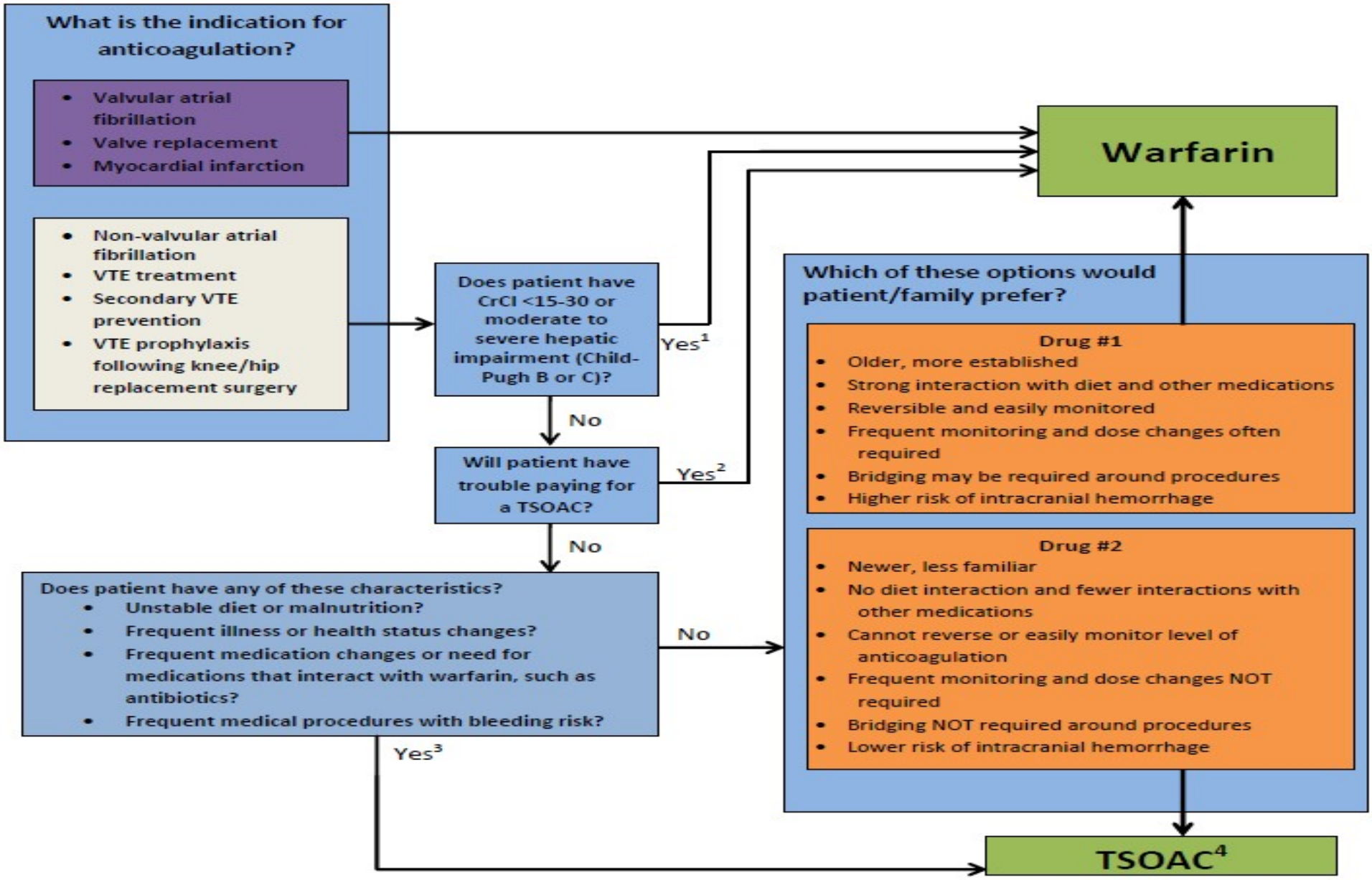
ORAL ANTICOAGULANT PRESCRIBING REFERENCE AND DECISION TREE

Brand Name	**Coumadin, Jantoven**	**Pradaxa**	**Xarelto**	**Eliquis**	**Savaysa**
Generic Name	Warfarin	Dabigatran	Rivaroxaban	Apixaban	Edoxaban
Mechanism	Vitamin K antagonist	Direct Thrombin Inhibitor	Factor Xa Inhibitor		
Dose by Indication					
Afib (Non-Valvular ONLY*)	Initial dose: Most patients: 5mg VTE treated out-pt & low/mod bleed risk: 10mg High bleed risk (elderly, malnourished, CHF, hepatic dysfunction, DI): Consider 2.5mg Titrate to INR goal: Most indications (Afib, VTE treatment and prophylaxis, etc): 2-3 Mechanical mitral valve: 2.5-3.5 Check INR 2-3 days after initiation. Bridge x 5 days & until INR therapeutic x 24 hrs when indicated^.	**150mg BID***	**20mg daily***	**5mg BID***	**60mg daily***
Renal adjustment		CrCl 15-30: 75mg BID, CrCl <15: Ø	CrCl 15-50: 15mg daily, CrCl <15: Ø	≥2 risk factors (age≥80, wt ≤60kg, Scr≥1.5): 2.5mg BID, CrCl <15:Ø	CrCl >95: Ø, CrCl 15-50: 30mg daily
Drug Interaction		CrCl 30-50 + DI: 75mg BID, CrCl <30 + DI: Ø		DI: 2.5mg BID, ≥2 risk factors + DI: Ø	
VTE Treatment		**Parenteral x 5-10 days, then 150mg BID**	**15mg BID x 21 days, then 20mg daily**	**10mg BID x 7 days, then 5mg BID**	**Parenteral x 5-10 days, then 60mg daily**
Renal adjustment		CrCl <30: Ø	CrCl <30: Ø	–	CrCl 15-50 or wt <60kg: 30mg daily
Drug Interaction		CrCl <50 + DI: Ø	–	–	DI: 30mg daily
VTE Secondary prevention		**150mg BID**	**20mg daily**	**2.5mg BID**	**–**
Renal adjustment		CrCl <30: Ø	CrCl <30: Ø	–	–
VTE Prophylaxis		**110mg 1-4 hrs post-op, then 220mg daily x 35 days (hip only)**	**10mg daily x 35 days (hip), 12 days (knee)**	**2.5mg BID x 35 days (hip), 12 days (knee)**	
Renal adjustment		–	CrCl <30: Ø	–	–
Valve replacement		–	–	–	–
Myocardial Infarction		–	–	–	–
Renal Function Calculation	No adjustment necessary	CrCl using Cockcroft-Gault equation (**Actual** body weight)		CrCl using Cockcroft-Gault equation (**Ideal** body weight)	
Significant Drug Interactions	MANY! Most clinically relevant include: amiodarone, Bactrim, other antibiotics, SSRIs, statins, diltiazem, fluconazole, tramadol, etc.	Avoid concurrent rifampin; CrCl 30-50 + dronedarone or ketoconazole reduce dose in Afib; Avoid P-gp inhibitors (macrolides, verapamil, etc) if CrCl <30 Afib or <50 VTE	3A4/P-gp	Strong dual 3A4/P-gp inhibitors: ketoconazole, itraconazole, ritonavir, clarithromycin	P-gp inhibitors: verapamil, quinidine, macrolide antibiotics, oral itraconzaole, oral ketoconazole
Time to peak effect	4-5 days	1-3 hrs	2-4 hrs	1-2 hrs	1-2 hrs
Half-life	40 hrs	8-15 hrs	7-11 hrs	12 hrs	10-14 hrs
Reversal Agent	Vitamin K, Kcentra	Praxbind	No specific reversal agent. May try Kcentra or FFP.		
Cost of 30-day supply	<$5	$333.57	$333.37	$359.92	$291.30
Insurance Coverage	Tier 1	Tier 2/3~	Tier 2/3~	Tier 3~	Tier 3~

- *Indicated for non-valvular Afib ONLY ^Bridging required for treatment of acute VTE; utilize risk-stratification for other indications ~Savings cards available

Anticoagulant Selection Decision Tree



1. Very few patients in clinical trials had CrCl < 30. TSOACs are either contraindicated or to be used cautiously in patients with significant hepatic disease.
2. TSOACs have much higher co-pays compared to warfarin.
3. Warfarin is affected by diet and general health status, has many medication interactions, and may require bridging around certain medical procedures.
4. Each TSOAC is only approved for certain indications and may have warnings about use in specific populations (ex. levels of renal/hepatic failure) and with certain concurrent medications (pgp/CYP3A4 inducers or inhibitors). Review the package insert to ensure the selected TSOAC is appropriate.

For additional information and reference materials visit:

- Michigan Anticoagulation Quality Improvement Initiative (MAQI^2): MAQI2.org or download MAQI2 Anticoagulation Toolkit App for free.
- University of Washington Anticoagulation Services: https://depts.washington.edu/anticoag/home