

Anticoagulant Table

	Coumadin® (Warfarin)	Pradaxa® (Dabigatran etexilate)	Xarelto® (Rivaroxaban)	Eliquis® (Apixaban)	Savaysa® (Edoxaban)
Indications	<ul style="list-style-type: none"> Prophylaxis and treatment of venous thrombosis and its extension, pulmonary embolism (PE) Prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation (AF) and/or cardiac valve replacement Reduction in the risk of death, recurrent myocardial infarction (MI), and thromboembolic events such as stroke or systemic embolization after MI 	<ul style="list-style-type: none"> To reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (NVAF) For the treatment of deep venous thrombosis (DVT) and PE in patients who have been treated with parenteral anticoagulant for 5-10 days To reduce the risk of recurrence of DVT and PE in patients who have been previously treated For the prophylaxis of DVT and PE in patients who have undergone hip replacement surgery 	<ul style="list-style-type: none"> To reduce the risk of stroke and systemic embolism in patients with NVAF For the treatment of DVT For the treatment of PE For the reduction in the risk of recurrence of DVT and PE For the prophylaxis of DVT, which may lead to PE in patients undergoing knee or hip replacement surgery In combination with aspirin, to reduce risk of major CV events (death, MI and stroke) in patients with CAD or PAD 	<ul style="list-style-type: none"> Reduction of risk of stroke and systemic embolism in NVAF Prophylaxis of DVT following hip or knee replacement surgery For the treatment of DVT and PE Reduction in the risk of recurrent DVT and PE following initial therapy 	<ul style="list-style-type: none"> Reduction of risk of stroke and systemic embolism in NVAF in patients with CrCl≤95mL/min Treatment of DVT and PE following 5-10 days of initial therapy with a parenteral anticoagulant
Dosing/Administration	<ul style="list-style-type: none"> 9 different tablet strengths Do not use more than 2 different doses at once to reduce error 	<p>For reduction in risk of stroke and systemic embolism in NVAF:</p> <ul style="list-style-type: none"> CrCl >30mL/min: 150mg twice daily CrCl 15-30 mL/min: 75mg twice daily With concomitant use with dronedarone or ketoconazole: consider reducing to 75mg twice daily <p>For treatment of DVT and PE and reduction in risk of recurrence:</p> <ul style="list-style-type: none"> CrCl >30mL/min: 150mg twice daily <p>Patients with CrCl <15mL/min OR on dialysis</p> <ul style="list-style-type: none"> Recommendations cannot be provided <p>Prophylaxis of DVT and PE following hip replacement surgery:</p> <ul style="list-style-type: none"> For patients with CrCl>30ml/min: 110 mg orally first day, then 220 mg once daily CrCl<30ml/min or on dialysis: dosing recommendations cannot be provided <p>Temporarily discontinue PRADAXA before invasive or surgical procedures when possible, then restart promptly</p>	<p>For reduction in risk of stroke in NVAF</p> <ul style="list-style-type: none"> CrCl >50 mL/min: 20mg once daily with <i>evening meal</i> CrCl 15-50 mL/min: 15mg once daily with <i>evening meal</i> <p>For treatment of DVT and PE</p> <ul style="list-style-type: none"> For first 21 days: 15mg <i>twice daily</i> with food After 21 days: 20mg <i>once daily</i> with food <p>For reduction in the risk of recurrence of DVT and PE</p> <ul style="list-style-type: none"> 20mg once daily with food <p>For reduction in the risk of recurrence of DVT/PE – after 6 months of standard anticoagulant treatment</p> <ul style="list-style-type: none"> 10mg once daily with or without food <p>For prophylaxis of DVT following hip/knee replacement surgery</p> <ul style="list-style-type: none"> Hip replacement: 10mg once daily for 35 days Knee replacement: 10mg once daily for 12 days <p>For reduction of Risk of Major CV events in chronic CAD or PAD: 2.5 mg twice daily, with or without food, in combination with aspirin</p>	<p>For reduction of risk of stroke and systemic embolism in patients with NVAF</p> <ul style="list-style-type: none"> 5mg twice daily <p>For prophylaxis of DVT following hip/knee replacement surgery</p> <ul style="list-style-type: none"> 2.5mg twice daily, with the initial dose taken 12-24 hours after surgery Hip replacement: treatment duration of 35 days Knee replacement: treatment duration of 12 days <p>In patients with NVAF, 2.5mg twice daily in patients with any two of the following characteristics</p> <ul style="list-style-type: none"> Age ≥80 years Body weight ≤60kg Serum creatinine ≥1.5mg/dL <p>For the treatment of DVT and PE</p> <ul style="list-style-type: none"> Recommended dose is 10 mg taken orally twice daily x7 days then 5mg twice daily <p>Reduction in the risk of recurrent DVT and PE following initial therapy</p> <ul style="list-style-type: none"> 2.5mg twice daily after at least 6 months of treatment for DVT or PE 	<p>For reduction or risk of stroke and systemic embolism in patients with NVAF</p> <ul style="list-style-type: none"> 60mg once daily in patients with CrCl ≤95 and >50 mL/min <p>For treatment of DVT and PE</p> <ul style="list-style-type: none"> 60mg once daily following 5 to 10 days of initial therapy with parenteral anticoagulant <p>In all patients, reduce dose to 30mg once daily if CrCl is 15-50mL/min</p> <p>In treatment of patients for DVT and PE, also use 30mg once daily if:</p> <ul style="list-style-type: none"> CrCl is 15-50 mL/min Body weight ≤60kg Patient is also on certain P-gp inhibitors – clinical judgment of the medical provider must be used
Converting FROM warfarin		<ul style="list-style-type: none"> Discontinue warfarin and start Pradaxa® when INR < 2.0 	<ul style="list-style-type: none"> Discontinue warfarin and start Xarelto® as soon as the INR is < 3.0 	<ul style="list-style-type: none"> Warfarin should be discontinued and Eliquis® started when the INR is < 2.0 	<ul style="list-style-type: none"> Discontinue warfarin and start Savaysa® when INR is ≤2.5

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Converting TO warfarin		Adjust the starting time of warfarin based on CrCl: <ul style="list-style-type: none"> CrCl ≥50mL/min: start warfarin three days before d/c Pradaxa® CrCl 30-50mL/min: start warfarin two days before d/c Pradaxa® CrCl 15-30mL/min: start warfarin one day before d/c Pradaxa® 	<ul style="list-style-type: none"> No clinical trial data are available to guide this conversion One approach is to discontinue Xarelto® and begin both a parenteral anticoagulant and warfarin at the time the next does of Xarelto® would have been taken 	<ul style="list-style-type: none"> If continuous anticoagulation is necessary, discontinue Eliquis® and begin both a parenteral anticoagulant and warfarin at the time the next dose of Eliquis® would have to be taken, discontinuing the parenteral anticoagulant when INR reaches an acceptable range 	<ul style="list-style-type: none"> For patients taking 60mg, reduce to 30mg and begin warfarin concomitantly. Monitor INR at least weekly and draw blood prior to daily dose of Savaysa®. Once INR is stable and ≥2.0, discontinue Savaysa®. If starting dose is 30mg, reduce dose to 15mg and follow same procedure.
Drug Interactions (See full prescribing information for drug-specific recommendations.)	<ul style="list-style-type: none"> Inhibitors and inducers of CYP2C9, 1A2, or 3A4 Drugs that increase bleeding risk – anticoagulants, antiplatelets, NSAIDs, serotonin reuptake inhibitors Antibiotics and antifungals Herbal products 	<ul style="list-style-type: none"> Strong CYP3A4 and P-gp inhibitors/inducers Other anticoagulants – aspirin and NSAIDs have an additive anticoagulant effect 	<ul style="list-style-type: none"> Strong CYP3A4 and P-gp inhibitors/inducers Other anticoagulants – aspirin and NSAIDs have an additive anticoagulant effect 	<ul style="list-style-type: none"> Strong CYP3A4 and P-gp inhibitors/inducers Other anticoagulants – aspirin and NSAIDs have an additive anticoagulant effect 	<ul style="list-style-type: none"> Strong CYP3A4 and P-gp inhibitors/inducers Other anticoagulants – aspirin and NSAIDs have an additive anticoagulant effect
Patient Counseling	<ul style="list-style-type: none"> Report any falls, bruising, bleeding Strictly adhere to dosing schedule Carry identification stating you are on warfarin Obtain blood tests as recommended Eat a normal, balanced diet Report any serious illnesses such as severe diarrhea, infection, fever If you miss a dose: take the dose as soon as possible on the same day, but do NOT double up the next day to make up for missed dose 	<ul style="list-style-type: none"> Keep in the original bottle Swallow capsules whole If dose is not taken at scheduled time, take as soon as possible on same day Missed doses should be skipped if it cannot be taken at least six hours before the next scheduled dose <ul style="list-style-type: none"> The dose should NOT be doubled to make up for the missed dose 	<ul style="list-style-type: none"> The 15mg and 20mg tabs should be taken with food, preferably evening meal Missed dose <ul style="list-style-type: none"> 15mg twice daily: Take missed dose immediately and ensure total daily intake of 30mg per day - continue regular dosage the next day Once daily doses: Take missed dose as soon as possible on same day and continue regular dosage the next day 	<ul style="list-style-type: none"> For patients unable to swallow whole tablets: 5mg and 2.5mg tabs may be crushed and suspended in 60 mL D5W and immediately delivered through nasogastric tube Missed dose: if dose is not taken at scheduled time, the dose should be taken as soon as possible on the same day and twice-daily administration should be resumed <ul style="list-style-type: none"> Dose should NOT be doubled to make up for a missed dose 	<ul style="list-style-type: none"> Bruising/bleeding may occur more easily and longer Report any unusual bleeding immediately Take exactly as prescribed – do not discontinue without talking to provider Inform provider you are taking Savaysa® before any surgery, medical, or dental procedure If you have spinal anesthesia or spinal puncture, watch for signs of adverse effects such a back pain, tingling, numbness, muscle weakness and stool/urine incontinence. Contact physician immediately if these signs occur Missed dose: take as soon as possible on same day and resume normal schedule next day <ul style="list-style-type: none"> DO NOT double up after missed dose

The information contained in this guide is intended for educational purposes only and is not a substitute for professional clinical judgment. The information contained within is condensed. Please refer to the latest full prescribing information and additional reference materials for the most complete and up to date information. Quality Insights is not responsible for any omissions or errors. This document is not intended to override a clinician’s judgment in individual patient management.

References:

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