## Anticoagulant Table

<table>
<thead>
<tr>
<th>Anticoagulant</th>
<th>Indications</th>
<th>Dosing/Administration</th>
<th>Converting FROM warfarin</th>
</tr>
</thead>
</table>
| **Coumadin® (Warfarin)** | • 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 | For reduction in risk of stroke and systemic embolism in NVAF:  
• 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  
For treatment of DVT and PE and reduction in risk of recurrence:  
• CrCl >30mL/min: 150mg twice daily  
Patients with CrCl <15mL/min OR on dialysis  
• Recommendations cannot be provided  
Prophylaxis of DVT and PE following hip replacement surgery:  
• 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  
Temporarily discontinue PRADAXA before invasive or surgical procedures when possible, then restart promptly | • Discontinue warfarin and start Pradaxa® when INR < 2.0 |
| **Pradaxa® (Dabigatran etexilate)** | • To reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (NVAF)  
• For the treatment of 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 | For reduction in risk of stroke and systemic embolism in NVAF:  
• CrCl >50 mL/min: 20mg once daily with evening meal  
• CrCl 15-50 mL/min: 15mg once daily with evening meal  
For treatment of DVT and PE  
• For first 21 days: 15mg twice daily with food  
• After 21 days: 20mg once daily with food  
For reduction in the risk of recurrence of DVT and PE  
• 20mg once daily with food  
For prophylaxis of DVT following hip/knee replacement surgery  
• Hip replacement: 10mg once daily for 35 days  
• Knee replacement: 10mg once daily for 12 days  
In patients with NVAF, 2.5mg twice daily in patients with any two of the following characteristics  
• Age ≥80 years  
• Body weight ≤60kg  
• Serum creatinine ≥1.5mg/dL  | • Discontinue warfarin and start Xarelto® as soon as the INR is < 3.0 |
| **Xarelto® (Rivaroxaban)** | • To reduce the risk of stroke and systemic embolism in patients with NVAF  
• 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 | For reduction of risk of stroke and systemic embolism in NVAF  
• 5mg twice daily  
For prophylaxis of DVT following hip/knee replacement surgery  
• 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  
In patients with NVAF, 2.5mg twice daily in patients with any two of the following characteristics  
• Age ≥80 years  
• Body weight ≤60kg  
• Serum creatinine ≥1.5mg/dL  | • Warfarin should be discontinued and Eliquis® started when the INR is < 2.0 |
| **Eliquis® (Apixaban)** | • 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 | For reduction of risk of stroke and systemic embolism in NVAF in patients with CrCl<95mL/min  
• 60mg once daily in patients with CrCl ≤95 and >50 mL/min  
For treatment of DVT and PE  
• 60mg once daily following 5 to 10 days of initial therapy with parenteral anticoagulant  | • Discontinue warfarin and start Savaysa® when INR is ≤2.5 |
| **Savaysa® (Edoxaban)** | • 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  | For prophylaxis of DVT following hip/knee replacement surgery  
• 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  
In patients with NVAF, 2.5mg twice daily in patients with any two of the following characteristics  
• Age ≥80 years  
• Body weight ≤60kg  
• Serum creatinine ≥1.5mg/dL  | • In treatment of patients for DVT or PE, also use 30mg once daily if:  
• CrCl is 15-50 mL/min  
• Body weight ≤60kg  
Patien is also on certain P-gp inhibitors – clinical judgment of the medical provider must be used |

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Anticoagulant Table

<table>
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<tr>
<th>Coumadin® (Warfarin)</th>
<th>Pradaxa® (Dabigatran etexilate)</th>
<th>Xarelto® (Rivaroxaban)</th>
<th>Eliquis® (Apixaban)</th>
<th>Savaysa® (Edoxaban)</th>
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</thead>
<tbody>
<tr>
<td><strong>Converting TO warfarin</strong></td>
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<tr>
<td>Adjust the starting time of warfarin based on CrCl:</td>
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<tr>
<td>• CrCl ≥50mL/min: start warfarin three days before d/c Pradaxa®</td>
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<tr>
<td>• CrCl 30-50mL/min: start warfarin two days before d/c Pradaxa®</td>
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<tr>
<td>• CrCl 15-30mL/min: start warfarin one day before d/c Pradaxa®</td>
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<tr>
<td><strong>Drug Interactions</strong></td>
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<tr>
<td>• Inhibitors and inducers of CYP2C9, 1A2, or 3A4</td>
<td>• Strong CYP3A4 and P-gp inhibitors/inducers</td>
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<tr>
<td>• Drugs that increase bleeding risk – anticoagulants, antplatelets, NSAIDs, serotonin reuptake inhibitors</td>
<td>• Other anticoagulants – aspirin and NSAIDs have an additive anticoagulant effect</td>
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<tr>
<td>• Antibiotics and antifungals</td>
<td>• Herbal products</td>
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<td><strong>Patient Counseling</strong></td>
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<td>• Report any falls, bruising, bleeding</td>
<td>• Keep in the original bottle</td>
<td>• The 15mg and 20mg tabs should be taken with food, preferably evening meal</td>
<td>• 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</td>
<td>• Bruising/bleeding may occur more easily and longer</td>
</tr>
<tr>
<td>• Strictly adhere to dosing schedule</td>
<td>• Swallow capsules whole</td>
<td>• Missed dose should be skipped if it cannot be taken at least six hours before the next scheduled dose</td>
<td>• Missed dose: if dose is not taken at scheduled time, the dose should be taken as soon as possible on the same day and continue regular dosage the next day</td>
<td>• Report any unusual bleeding immediately</td>
</tr>
<tr>
<td>• Carry identification stating you are on warfarin</td>
<td>• If dose is not taken at scheduled time, take as soon as possible on same day</td>
<td>• Once daily doses: Take missed dose immediately and ensure total daily intake of 30mg per day - continue regular dosage the next day</td>
<td>• 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</td>
<td>• Take exactly as prescribed – do not discontinue without talking to provider</td>
</tr>
<tr>
<td>• Obtain blood tests as recommended</td>
<td>• If dose is not taken at scheduled time, take as soon as possible on same day</td>
<td>• Once daily doses: Take missed dose as soon as possible on same day and continue regular dosage the next day</td>
<td>• Dose should NOT be doubled to make up for a missed dose</td>
<td>• Inform provider you are taking Savaysa® before any surgery, medical, or dental procedure</td>
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<tr>
<td>• Eat a normal, balanced diet</td>
<td>• If dose is not taken at scheduled time, take as soon as possible on same day</td>
<td>• Dose should NOT be doubled to make up for a missed dose</td>
<td>• 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</td>
<td>• If you have spinal anesthesia or spinal puncture, watch for signs of adverse effects such as back pain, tingling, numbness, muscle weakness and stool/urine incontinence. Contact physician immediately if these signs occur</td>
</tr>
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<td>• Report any serious illnesses such as severe diarrhea, infection, fever</td>
<td>• Keep in the original bottle</td>
<td>• The 15mg and 20mg tabs should be taken with food, preferably evening meal</td>
<td>• Missed dose: if dose is not taken at scheduled time, the dose should be taken as soon as possible on the same day and continue regular dosage the next day</td>
<td>• Missed dose: take as soon as possible on same day and resume normal schedule next day</td>
</tr>
<tr>
<td>• 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</td>
<td>• If dose is not taken at scheduled time, take as soon as possible on same day</td>
<td>• Once daily doses: Take missed dose as soon as possible on same day and continue regular dosage the next day</td>
<td>• Dose should NOT be doubled to make up for a missed dose</td>
<td>• DO NOT double up after missed dose</td>
</tr>
</tbody>
</table>

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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