NHS
Bristol Clinical Commissioning Group

Summary of considerations when prescribing Newer Oral Anticoagulants in Non-Valvular Atrial Fibrillation

	DABIGATRAN	RIVAROXABAN	APIXABAN	EDOXABAN
Normal Dosing (if CrCl >50mL/min)	<80 years - 150mg BD >80 years – 110mg BD	20mg OD	5mg BD	60mg OD
For use in a compliance aid	N	Y	Y	Y
Intake with food	N	Y	N	N
Lactose/wheat content	No lactose or wheat	Lactose No wheat	Lactose No wheat	No lactose Maize starch
Dose adjustments Always consider other drug-drug or drug-food interactions (these can be found in the document linked below)	In patients taking verapamil reduce dose to 110mg BD See below	See below	If patient has 2 out of 3 of the following characteristics dose is 2.5mg BD: 1. age ≥ 80 years 2. weight ≤ 60kg 3. Serum Cr ≥133 micromoles/L	See below
Weight dose adjustments	If weight < 50kg Consider 110mg BD	Nil	See above	If weight ≤ 60kg Dose is 30mg OD
Renal dose adjustments (if CrCl <50mL/min)	CrCl 30-49mL/min consider 110-150mg BD depending on thromboembolic vs bleeding risk Do not use if CrCl <30mL/min	CrCl 15-49mL/min Dose is 15mg OD with food Do not use if CrCl <15mL/min	CrCl 30-49ml/min No dose adjustment 5mg BD CrCl 15-29mL/min Dose is 2.5mg BD Do not use if CrCl <15mL/min	CrCl 15 – 49mL/min Dose is 30mg OD Do not use if CrCl <15mL/min
Conversion from Warfarin NB – INR values may be falsely elevated after intake of NOAC	Start when INR < 2.0	Start when INR ≤ 3.0	Start when INR < 2.0	Start when INR ≤ 2.5

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Further information can be found in the UKMI document, Common Questions and Answers on the Practical Use of Oral Anticoagulants in Non-Valvular AF.
https://www.sps.nhs.uk/wp-content/uploads/2016/09/swmitrtdc-OAC-comparison-jan16-final-Version-2.1.pdf