Direct Oral Anticoagulants - **Prevention of Stroke and Systemic Embolism in Non-Valvular Atrial Fibrillation (NVAF)**

Drug	Dose for Non-valvular Atrial Fibrillation	Comments
Rivaroxaban standard dose	20mg once daily	
CrCl 30-49ml/min	15mg once daily	
CrCl 15-29ml/min	15mg once daily	Limited data, use with caution
CrCl<15ml/min	avoid	No data, avoid
Apixaban standard dose	5mg twice daily	
In patients with AF and at least two of the following characteristics: age ≥ 80 years, body weight ≤ 60 kg*, or serum creatinine ≥ 133 micromol	2.5mg twice daily	
CrCl 15-29ml/min	2.5mg twice daily	
CrCl <15ml/min	Avoid	No data, avoid
Edoxaban standard dose	60mg once daily	A trend towards decreasing efficacy with increasing creatinine clearance was observed for edoxaban compared to well-managed warfarin. Edoxaban should only be used in patients with NVAF and **high creatinine clearance (>95 ml/min)** after a careful evaluation of the individual thromboembolic and bleeding risk.
In patients with AF with one or more of the following clinical factors: CrCl 15 - 50 mL/min, body weight ≤ 60 kg* or concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole.	30mg once daily	

CrCl<15ml/min	Avoid	No data, avoid
Dabigatran Patients aged 18-74 years	150mg twice daily	Avoid in CrCl <30ml/min
Patients aged ≥80 years Patients who receive concomitant verapamil	110mg twice daily	
Patients between 75-80 years CrCl 30-50 mL/min Patients with gastritis, esophagitis or gastroesophageal reflux Other patients at increased risk of bleeding	Dose of 110mg twice daily or 150mg twice daily should be selected based on an individual assessment of the thromboembolic risk and the risk of bleeding	

*dosing weight for apixaban and edoxaban as per current SPC, differs from BNF

Note: CrCl (creatinine clearance) and not eGFR should be used to calculate renal function and dosing for DOACs. For CrCl calculation equation **click here.** For further information see MHRA drug safety update **prescribing DOACs in renal impairment**

Providing information to patients on oral anticoagulation

Oral anticoagulants are one of the top three groups of medicines most likely to cause harm to patients in the UK. An important safety consideration when discharging patients on DOACs is the provision of information to patients and carers about oral anticoagulants including potential side effects and the importance of acting quickly to seek medical attention. Link to counselling checklist. All patients newly started on an oral anticoagulant (or their carer) should be

- counselled on importance of taking regularly, taking with/after a meal (rivaroxaban only), interacting over the counter medicines, what to do in the event of head injury/major bleeding, the importance of informing healthcare professionals involved in their care that they take an anticoagulant
- given information booklet to reinforce verbal information
- aware that they need to carry an anticoagulant alert card at all times

Each oral anticoagulant agent has a detailed patient information leaflet which should be given to any patient who is newly initiated. Pharmacists will aim to ensure that these are given and explained to patients but in their absence any medical or nursing staff should do this. If hard copies of these booklets are not available on the ward or from pharmacy, they can be accessed for each individual drugs here : rivaroxaban smpc, apixaban smpc, dabigatran smpc, edoxaban smpc ,