

Renal Dosing Adjustments in NVAF

Adapted from Gotta Catch Them All! The Pokemon Approach to Understanding Direct Oral Anticoagulants

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	Dabigatran (Pradaxa)	Rivaroxaban (Xarelto)	Apixaban (Eliquis)	Edoxaban (Savaysa)
Renal	150 mg BID	20 mg QD with evening meal*	5 mg BID	60 mg QD
	CrCl 15-30 ml/min: 75 mg BID	CrCl 15-50 ml/min: 15 mg QD with evening meal*	Reduce to 2.5 mg BID with ≥ 2 of the following: ≥ 80 years, Weight ≤ 60 kg, or SCr ≥ 1.5 mg/dL	CrCl >15-50 ml/min: 30 mg QD
	CrCl <15 ml/min or on dialysis: not recommended	CrCl <15 ml/min; not recommended	Reg dosing in HD except if age ≥ 80 or wt ≤ 60 kg), then 2.5 mg	CrCl > 95 ml/min or <15 ml/min: do not use

Resources:

- Finks et al. Ann Pharmacotherapy 2016;50(6):486-501