Direct Oral Anticoagulant (DOAC) Dosing for Stroke Prevention in those with Non-Valvular Atrial Fibrillation

GPnotebook Shortcuts

Creatinine Clearance (CrCl)	≥50ml/min	30-49ml/min	15-29ml/min	<15ml/min
Apixaban	**5mg bd. Check: Age** ≥80y, **Weight** ≤60kg & **Creatinine** ≥133µmol/L If **≥2** of these features present: **2.5mg bd**		**2.5mg bd**	
Dabigatran	**150mg bd. Check: Age** ≥80y & **Drugs** – Verapamil. If **either** present: **110mg bd** If: Aged 75-80y, CrCl 30-50ml/min, GORD or increased risk of bleeding, **consider** reduced dose **110mg bd**			
Edoxaban	**60mg od. Check: Weight** ≤60kg & **Drugs** – Ciclosporin, Dronedarone, Erythromycin or Ketoconazole If **either** present: **30mg od**	**30mg od**		
Rivaroxaban	**20mg od (with food)**	**15mg od (with food)**		

No dose adjustment required **Dose adjustment recommended** **Not recommended / contraindicated**

Prescribing Notes

DOACs are not "fire and forget" drugs; renal & liver monitoring and assessment of concordance should be undertaken regularly. Frequency will be dependent on individual patient characteristics but should be at least **annually**

Do not use eGFR to assess the degree of renal impairment; eGFR was originally intended for the diagnosis & staging of chronic kidney disease whereas creatinine clearance (CrCl) should be used for drug dosing, especially high-risk drugs or those with a narrow therapeutic index

- CrCl is calculated automatically within many GP IT systems. There also online calculators (e.g. http://www.icid.salisbury.nhs.uk/ICID_Applications/) and many free apps (e.g. MedCalX)

SOS Like warfarin, patients on DOACs should carry Patient Alert Cards supplied by the hospital, dispensing chemist or GP practice. These are included within the patient information materials in each DOAC box

www.gpnotebookeducation.co.uk

@GPnEducation

Last Updated January 2019