

Non-Vitamin K Oral Anticoagulants, Characteristics

Agent	Standard Dosing	Modified Dosing ^a	Last Dose Before Surgery	
			Low Bleeding Risk	High Bleeding Risk
Dabigatran etexilate	twice-daily 150 mg	twice-daily 75 or 110 mg	last dose 2 d before if CrCl > 50 mL/min last dose 3 d before if CrCl 30–50 mL/min last dose 4–5 d before if CrCl 15–29 mL/min	last dose 3 d before if CrCl > 50 mL/min last dose 4-5 d before if CrCl 15–50 mL/min
Apixaban	twice-daily 5 mg	twice-daily 2,5 mg	last dose 2 d before if CrCl > 30 mL/min last dose 3 d before if CrCl 15–29 mL/min	last dose 3 d before if CrCl > 30 mL/min last dose 3-4 d before if CrCl 15–29 mL/min
Edoxaban tosylate	once-daily 60 mg	once-daily 30 mg	last dose 2 d before if CrCl > 30 mL/min last dose 3 d before if CrCl 15–29 mL/min	last dose 3 d before if CrCl > 30 mL/min last dose 3-4 d before if CrCl 15–29 mL/min
Rivaroxaban	once-daily 20 mg	once-daily 15 mg	last dose 2 d before if CrCl > 30 mL/min last dose 3 d before if CrCl 15–29 mL/min	last dose 3 d before if CrCl > 30 mL/min last dose 3-4 d before if CrCl 15–29 mL/min

Abbreviations: CrCl, creatinine clearance; FEIBA, factor VIII inhibitor bypassing activity; PCC, 4-factor prothrombin complex concentrate
SI conversion factor: To convert creatinine clearance to milliliter per second, multiply by 0.0167.

^a Modified dosing is recommended for patients with impaired renal function (CrCl, <50 mL/min [See Should All Patients Requiring Oral Anticoagulation Be Treated With NOACs Instead of Warfarin? subsection for explanation of units of measure being used here.]). Apixaban requires meeting 2 of the following 3 criteria: serum creatinine level at least 1.5mg/dL, body weight less than 60 kg, or age older than 80 years. Edoxaban requires having impaired CrCl (CrCl₃₀ to <50 mL/min) or concomitant use of a P-glycoprotein inhibitor. Non-vitamin K oral anticoagulants are generally avoided in patients with stage IV chronic kidney disease (CrCl, 15-25 mL/min) and are contraindicated for CrCl less than 15 mL/min.

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