

SUMMARY OF CURRENTLY AVAILABLE DIRECT ORAL ANTICOAGULANTS

Drug and FDA Approval	Target	FDA-approved indications	Available Strengths ^a	Half-life ^b	Dosing Frequency	Renal Dosing Adjustments	Drug Interactions	Reversal Agent
Dabigatran Approved Oct 2010	Thrombin	NVAF, treatment Secondary prevention of DVT and PE VTE prevention after hip replacement	75 mg 100 mg 150 mg	12-17 hr	Twice Daily	Contraindicated if CrCl < 30 mL/min	PPI, antacids, dronedarone, P-gp inhibitors	Praxabind
Rivaroxaban Approved July 2011	Factor Xa	NVAF, treatment and secondary prevention of DVT and PE, VTE prevention after hip and knee replacement	10 mg 15 mg 20 mg	9 hr	Once Daily ^c	Avoid use if CrCl < 30 mL/min	CYP3A4 inhibitors, P-gp inhibitors	AndexXa
Apixaban Approved Dec 2012	Factor Xa	NVAF, treatment and secondary prevention of DVT and PE, VTE prevention after hip and knee replacement	2.5 mg 5 mg	12 hr	Twice Daily ^c	Limited data for serum creatinine > 2.5 mg/dL and CrCl < 25 mL/min	CYP3A4 inhibitors, P-gp inhibitors	AndexXa
Edoxaban Approved Jan 2015	Factor Xa	NVAF, treatment of DVT and PE	15 mg 30 mg 60 mg	10-14 hr	Once Daily	CrCl < 15-50mL/min: 30 mg once daily CrCl < 15 mL/min: not recommended	CYP3A4 inhibitors, P-gp inhibitors	Under development. PCC for emergencies
Betrixaban June 2017	Factor Xa	Prevention of DVT and PE in hospitalized, medically-ill patients	40 mg 80 mg	20 hr	Once Daily ^c	Not reported	Not reported	Under development. PCC for emergencies

^a Recommended strength varies on indication, ^b Assuming normal renal function, ^c May require higher, more frequency dosing at initiation based on indication.

Abbreviations: CrCl, creatinine clearance calculated by the Cockcroft-Gault formula; CYP, cytochrome P450; DVT, deep vein thrombosis; NVAF: nonvalvular atrial fibrillation; PCC, prothrombin complex concentrate; PE, pulmonary embolism, P-gp, P-Glycoprotein; PPI, proton pump inhibitors; VTE: venous thromboembolism.