

Novel Oral Anticoagulant (NOAC) Practical Comparison			
	Pradaxa (dabigatran etexilate)	Xarelto (rivaroxaban)	Apixaban
Dosage form	Capsule	Tablet	Tablet
Dosing	150 mg BID	20 mg daily	5 mg BID
Renal Dosing	75 mg BID (CrCl 15-30 mL/min), contraindicated if CrCl <15 mL/min	15 mg daily (CrCl 15-50 mL/min), contraindicated if CrCl <15 mL/min	2.5 mg BID if Scr ≥1.5
Available doses	75 mg, 150 mg capsules (bottle of 60 caps, blister pack of 60 caps)	10 mg (bottle of 30 tabs or blister pack of 100 tabs), 15 mg, 20 mg tablets (bottle of 30 tabs, bottle of 90 tabs, or blister pack of 100 tabs)	
Switching from warfarin to NOAC	start dabigatran as soon as INR <2.0	start rivaroxaban as soon as INR <3.0	
Switching from NOAC to warfarin	CrCl ≥ 50, start warfarin 3 days before d/c dabigatran CrCl 30-50, start warfarin 2 days before d/c dabigatran CrCl 15-30, start warfarin 1 days before d/c dabigatran	Rivaroxaban affects INR, so any INRs while patient is on rivaroxaban and warfarin may not be accurate; consider d/c rivaroxaban and then bridging with parenteral anticoagulant + warfarin	
Peri-procedural dosing	CrCl ≥ 50 mL/min: d/c dabigatran 1-2 days prior to procedure, or mL/min: d/c dabigatran 3-5 days prior to procedure	D/c riva at least 24 hours prior to procedure	
Drug Interactions - WATCH FOR COMBINATION OF INTERACTING DRUGS AND RENAL DYSFUNCTION	P-gp inhibitors/inducers Contraindicated with rifampin Adjust dose to 75 mg BID with concomitant dronedarone or oral ketoconazole No dose adjustment for p-gp inhibitors verapamil, amiodarone, quinidine, clarithromycin; AVOID any of these p-gp inhibitors if pt also has CrCl 15-30	Use of both strong p-gp/CYP 3A4 inhibitors/inducers Contraindicated with oral ketoconazole, itraconazole, lopinavir, ritonavir, conivaptan, carbamazepine, phenytoin, rifampin, St John's wort CrCl 15-50 use with caution: amiodarone, diltiazem, verapamil, quinidine, ranolazine, dronedarone, felodipine, erythromycin, azithromycin	
Pregnancy Category	C	C	
Dialyzable?	YES	NO	
Half-life	12-17 hours	5-13 hours	
Time to Cmax	1 hour	2-4 hours	
Administration	With or without food	With food (improves bioavailability)	
Special instructions	Do not chew, crush, or open capsules	Do not administer via J-tube	
Efficacy	Superior to warfarin for stroke prevention	Non-inferior to warfarin for stroke prevention	
Bleeding	No difference major bleeding, increased GIB, decreased ICH vs warfarin	No difference major bleeding, increased GIB, decreased ICH vs warfarin	
Other adverse effects	Dyspepsia	None	

Both Pradaxa and Xarelto have similar affects to PT/APTT results as for warfarin therapy