

Standard dosing of direct oral anticoagulants

Anticoagulant	Nonvalvular AF - stroke prophylaxis*	VTE treatment [¶]	VTE primary prophylaxis ^Δ
Dabigatran (Pradaxa)	150 mg twice daily	Parenteral anticoagulation for 5 to 10 days; then dabigatran 150 mg twice daily	110 mg for the first day, then 220 mg once daily
Apixaban (Eliquis)	5 mg twice daily	10 mg twice daily for one week, then 5 mg twice daily	2.5 mg twice daily
Edoxaban (Savaysa, Lixiana)	60 mg once daily	Parenteral anticoagulation for 5 to 10 days; then edoxaban 60 mg once daily	
Rivaroxaban (Xarelto)	20 mg once daily with the evening meal	15 mg twice daily with food for three weeks; then 20 mg once daily with food	10 mg once daily, with or without food

This is a simplified table that lists the most common dosing in individuals with normal renal function, normal weight, and lack of concomitant interacting medications (eg, P-glycoprotein inhibitors or inducers). Refer to UpToDate topics on AF, VTE treatment, VTE prophylaxis, and DOAC dosing for possible changes based on impaired renal function or extremes of weight. Other factors may influence dosing in individual patients.

AF: atrial fibrillation; VTE: venous thromboembolism, includes deep vein thrombosis and pulmonary embolism; DOAC: direct oral anticoagulant.

* Dosing may be reduced for certain drugs in certain settings (eg, use of dabigatran 110 mg twice daily for individuals who are at increased risk of bleeding; refer to UpToDate topic on anticoagulation for atrial fibrillation for other examples)

¶ Treatment for acute VTE typically refers to the first three to six months of administration; continued treatment beyond six months may be done with a lower dose for some anticoagulants (eg, apixaban, rivaroxaban); the dose is not lowered when therapy is continued using dabigatran or edoxaban. Refer to the latest prescribing information for each individual anticoagulant.

Δ Prophylaxis refers to primary prophylaxis in settings such as after knee or hip surgery.