

Dabigatran reversal

- Administer 5 g idarucizumab⁶ IV (two separate 2.5 g/50 mL vials).
- If bleeding persists and there is laboratory evidence of persistent dabigatran effect after 12–24 h, a second dose may be reasonable
- If idarucizumab is not available, administer activated PCC (aPCC) (four-factor PCC [4F-PCC]). If aPCC is not available, 50 U/kg IV (refer to prescribing information for maximum units)
- Hemodialysis could be considered if drug level is high, especially in patients with poor renal function
- Fresh-frozen plasma is not recommended for DOAC reversal

Apixaban or rivaroxaban reversal

- The recommended dosing of andexanet alfa (ANDEXXA)⁷ is based on the specific FXa inhibitor, dose of FXa inhibitor, and time since the patient's last dose of FXa inhibitor (see chart below)
- Fresh-frozen plasma is not recommended for DOAC reversal.

If andexanet alfa is not available, administer 4F-PCC 50 U/kg IV (refer to package insert for maximum units).

Time Since Last Dose of Apixaban or Rivaroxaban			
FXa inhibitor	FXa inhibitor last dose	< 8 h or unknown	≥ 8 h
Rivaroxaban	≤10 mg	Low dose	Low dose
	>10 mg or unknown	High dose	
Apixaban	≤5 mg	Low dose	
	> 5 mg or unknown	High dose	

FXa = factor Xa

Apixaban or Rivaroxaban Andexanet Alfa Dose Procedure			
Dose*	Initial IV bolus	Follow-on IV infusion	Total number of 200-mg vials
Low dose	400 mg at a target rate of 30 mg/min	4 mg/min for up to 120 min (480 mg)	5 (2 vials, bolus + 3 vials, infusion)
High dose	800 mg at a target rate of 30 mg/min	8 mg/min for up to 120 min (960 mg)	9 (4 vials, bolus + 5 vials, infusion)

* The safety and effectiveness of >1 dose has not been evaluated.

Edoxaban Reversal

- If 4F-PCC is not available, consider aPCC U/kg IV (refer to prescribing information for maximum units).

Fresh-frozen plasma is not recommended for DOAC reversal

Table 7.5 DOAC-specific reversal procedure.

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