

Anticoagulants for prevention of stroke and systemic embolism in nonvalvular atrial fibrillation. Drug use and dosing based on kidney function estimation (estimated creatinine clearance [eCrCl])

CrCl >50 ml/min	Any anticoagulant – no dose adjustment needed based on kidney function	CrCl 15–29 ml/min	Apixaban 2.5 mg twice daily Dabigatran contraindicated Rivaroxaban 15 mg once daily but caution – plasma concentrations significantly increased (average 1.6-fold), which may increase bleeding risk Warfarin INR dependent dose adjustment under expert advice and review
CrCl 30–49 ml/min	Apixaban 5 mg twice daily or 2.5 mg twice daily if serum creatinine (SCr) $\geq 133 \mu\text{mol/L}$ with age ≥ 80 years or body weight ≤ 60 kg Dabigatran 110 mg twice daily if high risk of bleeding (suggest use of HAS-BLED score to assess risk); otherwise 150 mg twice daily Rivaroxaban 15 mg once daily Warfarin International normalised ratio (INR) dependent dose adjustment	CrCl <15 ml/min	No anticoagulant use recommended in general use, take expert advice

SCr ($\mu\text{mol/L}$)	Women ≥ 60 kg* eCrCl (ml/min) (NB do not use table if weight <60 kg – see below)														Men ≥ 70 kg* eCrCl (ml/min) (NB do not use table if weight <70 kg – see below)													
	Age (years)														Age (years)													
	40	45	50	55	60	65	70	75	80	85	90	95	100	40	45	50	55	60	65	70	75	80	85	90	95	100		
50	120	114	108	102	96	90	84	78	72	66	60	54	48	168	160	151	143	134	126	118	109	101	92	84	76	67		
60	100	95	90	85	80	75	70	65	60	55	50	45	40	140	133	126	119	112	105	98	91	84	77	70	63	56		
70	86	81	77	73	69	64	60	56	51	47	43	39	34	120	114	108	102	96	90	84	78	72	66	60	54	48		
80	75	71	68	64	60	56	53	49	45	41	38	34	30	105	100	95	89	84	79	74	68	63	58	53	47	42		
90	67	63	60	57	53	50	47	43	40	37	33	30	27	93	89	84	79	75	70	65	61	56	51	47	42	37		
100	60	57	54	51	48	45	42	39	36	33	30	27	24	84	80	76	71	67	63	59	55	50	46	42	38	34		
110	55	52	49	46	44	41	38	35	33	30	27	25	22	76	73	69	65	61	57	53	50	46	42	38	34	31		
120	50	48	45	43	40	38	35	33	30	28	25	23	20	70	67	63	60	56	53	49	46	42	39	35	32	28		
130	46	44	42	39	37	35	32	30	28	25	23	21	18	65	61	58	55	52	48	45	42	39	36	32	29	26		
140	43	41	39	36	34	32	30	28	26	24	21	19	17	60	57	54	51	48	45	42	39	36	33	30	27	24		
150	40	38	36	34	32	30	28	26	24	22	20	18	16	56	53	50	48	45	42	39	36	34	31	28	25	22		
160	38	36	34	32	30	28	26	24	23	21	19	17	15	53	50	47	45	42	39	37	34	32	29	26	24	21		
170	35	34	32	30	28	26	25	23	21	19	18	16	14	49	47	44	42	40	37	35	32	30	27	25	22	20		
180	33	32	30	28	27	25	23	22	20	18	17	15	13	47	44	42	40	37	35	33	30	28	26	23	21	19		
190	32	30	28	27	25	24	22	21	19	17	16	14	13	44	42	40	38	35	33	31	29	27	24	22	20	18		
200	30	29	27	26	24	23	21	20	18	17	15	14	12	42	40	38	36	34	32	29	27	25	23	21	19	17		

Current evidence suggests that an absolute CrCl (Cockcroft & Gault), as used in drug licence dosing studies, should be used for dosing decisions, not normalised estimated glomerular filtration rate (eGFR), especially for older patients and for narrow therapeutic index and high-risk drugs.

The tables should not be used for patients in acute renal impairment, who are dehydrated or if under the stated weights when eCrCl should be calculated individually (manually using the Cockcroft & Gault equation in **Box 2** or on e.g. SystemOne>clinical tools>renal calculations) *Average ideal body weight.

Based on data taken from the current Summaries of Product Characteristics (SmPCs). Available from: www.medicines.org.uk/emc/