PrELIQUIS® #1
DISPENSED NOAC IN CANADA[1]*

Select NOAC pharmacokinetic and dosing information

Renal excretion and increase in exposure (AUC) of select Factor Xa inhibitors by level of renal impairment*†

	Renal excretion of unchanged drug	Increase of plasma concentrations (AUC) of select Factor Xa inhibitors by level of renal impairment		
		Mild (CrCl)	**Moderate** (CrCl)	**Severe** (CrCl)
Pr**ELIQUIS®** (apixaban)[2]	**27%**	**16%** (51-80 mL/min)	**29%** (30-50 mL/min)	**44%** (15-29 mL/min)
Pr**Lixiana®** (edoxaban)[3]	**50%**	**32%** (50-80 mL/min)	**74%** (30-50 mL/min)	**72%** (<30 mL/min)
Pr**Xarelto®** (rivaroxaban)[4]	**~33%**	**40%** (50-79 mL/min)	**50%** (30-49 mL/min)	**60%** (15-29 mL/min)

Adapted from respective Product Monographs[2-4]

ELIQUIS is indicated for the prevention of stroke and systemic embolism in patients with atrial fibrillation (AF).

Pr Eliquis® apixaban

AUC = area under the curve; CrCl = creatinine clearance;
NOAC = non-vitamin K antagonist oral anticoagulant
* Comparative clinical significance unknown.
† Relative to subjects with normal renal function.

AF dosage and administration for select oral anticoagulants*

	Administration with food	Recommended dose in AF	Creatinine clearance
PrELIQUIS® (apixaban)[2]	Can be taken with OR without food	5 mg BID	Mild: 50-79 mL/min Moderate: 30-49 mL/min Severe: 25-30 mL/min 15-24 mL/min <15 mL/min or undergoing dialysis
PrLixiana® (edoxaban)[3]	Can be taken with OR without food	60 mg QD	Moderate: 30-50 mL/min Severe: <30 mL/min
PrPradaxa® (dabigatran)[5]	Can be taken with OR without food	150 mg BID	Moderate: 30-50 mL/min
PrXarelto® (rivaroxaban)[4]	Must be taken with food	20 mg QD	Moderate: 30-49 mL/min Severe: 15 to <30 mL/min <15 mL/min

* Comparative clinical significance unknown.
† These patients have been determined to be at higher risk of bleeding.

Dosage adjustments

	5 mg BID
	Dose adjustment to 2.5 mg BID only if ≥2 of **ABC**[†] criteria (**a**ge ≥80 years, **b**ody weight ≤60 kg, **c**reatinine level ≥133 µmol/L) are met
	No dosing recommendation can be made as clinical data are very limited
	Not recommended
	Not recommended in patients with severe hepatic impairment; contraindicated in patients with hepatic disease associated with coagulopathy and clinically relevant bleeding risk
	30 mg QD
	Not recommended
	Patients with ≥1 of the following criteria should receive 30 mg QD: moderate renal impairment (CrCl: 30-50 mL/min), low body weight (≤60 kg [132 lbs]), concomitant use of P-gp inhibitors (except amiodarone and verapamil)
	Not recommended in patients with severe hepatic impairment
	No dose adjustment generally needed
	Patients ≥80 years should receive 110 mg BID
	At higher risk of bleeding, including elderly ≥75 years with ≥1 risk factor for bleeding, 110 mg BID. May also be considered for patients taking concomitant anti-platelet agents or P-gp inhibitors
	Not recommended in patients with hepatic impairment (hepatic enzymes >ULN); contraindicated in patients with severe renal impairment
	15 mg QD
	Not recommended
	Use with caution in patients with moderate hepatic impairment; contraindicated in patients with hepatic disease associated with coagulopathy and clinically relevant bleeding risk

Adapted from respective Product Monographs[2-5]

Pr Eliquis®
apixaban

Consult the complete Product Monograph at https://www.bms.com/assets/bms/ca/documents/productmonograph/ELIQUIS_EN_PM.pdf or https://pfizer.ca/pm/en/eliquis.pdf for important information about:

- contraindications in clinically significant active bleeding, including gastrointestinal bleeding; lesions or conditions at increased risk of clinically significant bleeding; hepatic disease associated with coagulopathy and clinically relevant bleeding risk; concomitant systemic treatment with strong inhibitors of **both** CYP3A4 and P-glycoprotein; concomitant treatment with any other anticoagulant including unfractionated heparin, except at doses used to maintain a patent central venous or arterial catheter, low molecular weight heparins, such as enoxaparin and dalteparin, heparin derivatives, such as fondaparinux, and oral anticoagulants, such as warfarin, dabigatran, rivaroxaban, except under circumstances of switching therapy to or from apixaban.
- most serious warnings and precautions relating to risk of bleeding, peri-operative spinal/epidural anesthesia, lumbar puncture; INR monitoring and premature discontinuation.
- other relevant warnings and precautions: caution when used with drugs that affect hemostasis; not recommended in patients with prosthetic heart valves or with hemodynamically significant rheumatic heart disease, especially mitral stenosis; avoid use with strong inducers of both CYP3A4 and P-gp; caution in patients with mild or moderate hepatic impairment (not recommended if severe) or elevated liver enzymes; pre-operative/post-operative considerations; not recommended for patients with a history of thrombosis who are diagnosed with antiphospholipid syndrome (APS); renal impairment: not recommended if creatinine clearance <15 mL/min or dialysis; dosing adjustments may be required; renal function should be monitored; not recommended in pregnant or nursing women.
- conditions of clinical use, adverse reactions, drug interactions, and dosing instructions.

The Product Monograph is also available by calling 1-866-463-6267

References: 1. IQVIA, Compuscript, June 2020. **2.** ELIQUIS Product Monograph. Pfizer Canada ULC and Bristol-Myers Squibb Canada Co. **3.** Lixiana Product Monograph. Servier Canada Inc. **4.** Xarelto Product Monograph. Bayer Inc. **5.** Pradaxa Product Monograph. Boehringer Ingelheim Canada Ltd.

Pfizer Canada ULC, Kirkland, Quebec H9J 2M5
Bristol-Myers Squibb Canada Co., Montreal, Quebec H4S 0A4

Bristol Myers Squibb™ Pfizer

PP-ELI-CAN-0408-EN
1426927