

Direct Oral Anticoagulants: Patient Education Comparison

Your doctor is considering prescribing a direct oral anticoagulant (apixaban, dabigatran, or rivaroxaban) instead of warfarin or a low molecular weight heparin. To assist you in making this decision, some of the differences between these medications are outlined in the table below.

	Apixiban (Eliquis[®])	Dabigatran (Pradaxa)	Rivaroxaban (Xarelto)	Warfarin (Coumadin)	Low Molecular Weight Heparins (Dalteparin or Enoxaparin)
Dosing	2.5-10 mg twice daily	75-150mg twice daily in the morning and the evening	10-20 mg once daily or 15mg twice daily	Once daily in the evening, adjusted according to lab test results	Once or twice daily dosing based on body weight and indication
Administration	Tablets can be crushed	Capsules must be swallowed whole, and cannot be broken, crushed or chewed	Tablets can be crushed Take with food	Tablets are scored, and can be broken, crushed or chewed	Subcutaneous injection
Laboratory Test Monitoring	No routine coagulation laboratory test monitoring is required, but dosing may need to be adjusted for kidney function	No routine coagulation laboratory test monitoring is required, but dosing may need to be adjusted for kidney function	No routine coagulation laboratory test monitoring is required, but dosing may need to be adjusted for kidney function	Monitoring of a blood test (prothrombin time/ protime/INR) is required to adjust dosing, at least monthly and sometimes more frequently	No routine coagulation laboratory test monitoring is required, but dosing may need to be adjusted for kidney function
Food interactions	No special considerations	No special considerations	No special considerations	Requires a consistent intake of vitamin K-containing foods	No special considerations
Drug interactions	Interacts with some medications. Be sure your doctor and pharmacist are aware of all the medications you take.	Interacts with some medications. Be sure your doctor and pharmacist are aware of all the medications you take.	Interacts with some medications. Be sure your doctor and pharmacist are aware of all the medications you take.	Interacts with numerous medications and may require dose adjustments based on INR monitoring to prevent complications.	Minimal drug interactions
Storage	No special considerations	Capsules must remain in the original container. Once the container is opened, contents expire in 120 days	No special considerations	No special considerations	No special considerations
Side Effects	Bleeding	Bleeding Stomach pain	Bleeding	Bleeding	Bleeding Thrombocytopenia (HIT)
Antidote (reversal agent)	NO	YES (Praxbind)	NO	YES (vitamin K)	YES (protamine)
Cost (See table below for additional details)	Available as brand name only Out-of-pocket cost can be as much as \$500/month	Available as brand name only Out-of-pocket cost can be as much as \$500/month	Available as brand name only Out-of-pocket cost can be as much as \$600/month	Available as a generic for as little as \$5/month Medical insurance typically covers laboratory testing and monitoring costs	Rarely prescribed for a full month, but if it were your out-of-pocket cost could be over \$1000/month

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Examples of Cost and Insurance Coverage

	Apixiban (Eliquis)	Dabigatran (Pradaxa)	Rivaroxaban (Xarelto)	Warfarin (Coumadin)	LMWH (Enoxaparin/Lovenox)	LMWH (dalteparin/Fragmin)
Cash price with no prescription coverage	\$300 - \$500 per month	\$300 - \$500 per month	\$350-\$600 per month	\$5-\$30 per month	\$300-\$400 per 10 syringes	\$200 - \$1000 per 10 syringes
DSHS	Preferred brand -No restrictions	Preferred brand -No restrictions	Non-preferred brand -No restrictions	Covered	Covered	Covered
Molina	Tier 3: preferred brand -Covered	Tier 3: preferred brand -Covered	Tier 3: preferred brand -Covered	Tier 1: preferred generic -Covered	≤ 80mg: Tier 2: non-preferred generic - Covered ≥ 100mg: Tier 5 specialty - Covered	Not covered
Apple Health (CHWA)	Tier 2: formulary with restrictions -Prior authorization required	Tier 2: formulary with restrictions -Prior authorization required	Tier 2: formulary with restrictions -Prior authorization required	Tier 1: formulary -No restrictions	Tier 1: formulary - No restrictions	Tier 3: non-formulary
Premera	Tier 3: preferred brand -No restrictions	Tier 4: Non-preferred brand -No restrictions	Tier 3: preferred brand -No restrictions	Tier 2: generic -No restrictions	≤ 80mg: -Tier 5: inject -Quantity Limits: max 30 day supply per fill ≥100mg Tier 6: specialty -Quantity Limits: max 30 day supply per fill	Tier 6: specialty -Quantity Limits: max 30 day supply
Regence	Tier 2: category 1 brand -Preferred -No restrictions	Tier 3: category 2 brand -Non-preferred -Prior authorization required	Tier 2: category 1 brand -Preferred -No restrictions	Tier 1: generic -No restrictions	Tier 1: generic -No restrictions	Tier 3: category 2 brand -Non-preferred -No restrictions