

<b>General information</b>	Creatinine clearance (CrCl) should be measured using Cockcroft-Gault equation (SI units): $CrCl = (140 - \text{age (years)}) \times \text{weight (kg)} \times \text{constant}$ [1.23 for males & 1.04 for females]/Serum creatinine ( $\mu\text{mol/L}$ )
	<b>Adjust dose</b> for AGE, BODY WEIGHT, RENAL FUNCTION and consider INTERACTIONS
	<b>Contraindicated</b> in patients with a CrCl < 15 ml/min

## STROKE PREVENTION IN ADULTS WITH NON-VALVULAR ATRIAL FIBRILLATION (NVAF)

<b>Recommended dose</b>	<b>5 mg twice daily (BD)</b>
Dose reduction recommended in NVAF with at least two of the following: Serum creatinine > 133 $\mu\text{mol/l}$ , age $\geq$ 80 or weight $\leq$ 60 kg	<b>2.5 mg BD</b>
CrCl 15-29 ml/min [use Cockcroft-Gault equation (SI units)] (regardless of age or weight)	<b>2.5 mg BD</b> – EXTREME CAUTION, consider alternative (review HAS-BLED and other risk factors)

## TREATMENT AND PREVENTION OF DEEP VEIN THROMBOSIS (DVT) AND PULMONARY EMBOLISM (PE)

<b>Recommended TREATMENT dose</b>	<b>10 mg BD for 7 days then reduce to 5 mg BD for at least 3 months</b>
CrCl 15-29 ml/min	No dose adjustment recommended, use with CAUTION
<b>Prevention</b> of recurrent DVT and PE	<b>2.5 mg BD</b> This dose should be commenced following completion of 6 months treatment with apixaban 5 mg BD or another anticoagulant. The duration of overall therapy should be individualised after careful assessment of the treatment benefit against the risk of bleeding.

## PROPHYLAXIS OF THROMBOEMBOLISM IN ADULT PATIENTS AFTER ELECTIVE TOTAL KNEE REPLACEMENT (TKR) OR TOTAL HIP REPLACEMENT (THR) SURGERY

<b>Recommended dose</b>	<b>2.5 mg BD</b> for 10-14 days (TKR) or for 32-38 days (THR). Initial dose should be taken 12-24 hours after surgery
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