DOAC Trio — PBS Comparison

Apixaban, rivaroxaban & dabigatran — choice and eligibility

PBS AUTHORITY

drregu.com.au

All three are PBS-listed, streamlined-authority, GP-prescribable alternatives to warfarin for non-valvular AF and VTE, with no routine INR monitoring. Choice depends on renal function, age/bleeding risk and interacting medicines — confirm the current PBS listing at pbs.gov.au.

ELIGIBILITY — WHO QUALIFIES (confirm current PBS wording)

NVAF — Non-valvular atrial fibrillation with an elevated stroke risk (CHA_2DS_2-VASc 1 or more), per current PBS criteria.

VTE — Treatment of confirmed DVT/PE, and extended prevention after the initial course where listed.

Renal basis — Assessed by **Cockcroft–Gault** creatinine clearance, not eGFR — recalculate, don’t rely on a pathology eGFR.

WHICH AGENT — PRACTICAL COMPARISON

Agent	Mechanism & renal handling	Often preferred for
Apixaban	Factor Xa inhibitor, twice daily; ~27% renal clearance	Renal impairment, older age, GI-bleed-prone
Rivaroxaban	Factor Xa inhibitor, once daily; ~33% renal clearance	Once-daily preference; take with food
Dabigatran	Direct thrombin inhibitor, twice daily; ~80% renal clearance	Pre-op reversibility; normal renal function

PRACTICAL PRESCRIBING

- Rivaroxaban (15–20 mg doses): take **with food**. Apixaban and dabigatran need no food.
- Dabigatran capsules: swallow whole — don't open or repackage (moisture-sensitive).
- Switching anticoagulants follows an agent-specific overlap protocol — check the product information.

KEY DRUG INTERACTIONS

- Strong CYP3A4/P-gp inhibitors or inducers (e.g. rifampicin, ketoconazole) — avoid combining.
- Other anticoagulants, antiplatelets and regular NSAIDs add bleeding risk — review at every script.
- Dabigatran with verapamil/amiodarone: a dose adjustment may be advised.

SAFETY

- Bleeding: minor — delay/reassess; major — stop & supportive care; life-threatening — reverse & refer.
- **Andexanet alfa (Andexxa) is no longer TGA-registered** (lapsed May 2026) — Prothrombinex (4-factor PCC) is now the mainstay Xa-inhibitor reversal. Idarucizumab remains dabigatran-specific.

CHECK / EXCLUDE

- Mechanical heart valve, moderate–severe mitral stenosis, or antiphospholipid syndrome — use warfarin instead.
- Confirm renal function by Cockcroft–Gault before dosing; re-check at least annually.
- Confirm the current PBS authority requirement before prescribing.

EXACT DOSES & SWITCHING PROTOCOLS

Doses, renal cut-offs and PBS criteria differ between agents and change — confirm current detail in the AMH, product information, and pbs.gov.au before prescribing.

For health-professional use. Comparison adapted from product information, the AMH, and TGA safety updates (Andexxa registration lapsed May 2026). Confirm exact doses, renal cut-offs and PBS criteria at pbs.gov.au and in the current product information before prescribing.