

**dabigatran**

(da-bye-gat'ran)

Pradaxa

Func. class.: Anticoagulant

Chem. class.: Thrombin inhibitor

**ACTION:** Direct thrombin inhibitor that inhibits both free and clot-bound thrombin; prevents thrombin-induced platelet aggregation and thrombus formation by preventing conversion of fibrinogen to fibrin

**USES:** Stroke/systemic embolism prophylaxis with nonvalvular atrial fibrillation, DVT, pulmonary embolism in hip replacement

**CONTRAINDICATIONS:** Hypersensitivity, active bleeding, prosthetic heart valves, use with P<sub>g</sub>P inducers

**Precautions:** Pregnancy, labor, obstetric delivery, breastfeeding, children, geriatric patients, abrupt discontinuation, anticoagulant therapy, renal disease, surgery

**Black Box Warning:** Abrupt discontinuation, epidural/spinal anesthesia, lumbar puncture

**DOSAGE AND ROUTES**

**Stroke prophylaxis, atrial fibrillation, and DVT/PE prophylaxis**

- **Adult: PO** 150 mg bid

**For conversion from an alternative anticoagulant to dabigatran**

- When converting from warfarin to dabigatran, discontinue warfarin and initiate dabigatran therapy when the INR is <2.0; when converting from a parenteral anticoagulant to dabigatran, initiate dabigatran 0-2 hr before the time of the next scheduled anticoagulant dose or at the time of discontinuation of a continuously administered anticoagulant (e.g., intravenous unfractionated heparin)

**For conversion from dabigatran to warfarin**

- **Adult:** CCr >50 mL/min, start warfarin 3 days before discontinuing dabigatran; CCr 31-50 mL/min, start warfarin 2 days

before discontinuing dabigatran; CCr 15-30 mL/min, start warfarin 1 day before discontinuing dabigatran

**For conversion from dabigatran to parenteral anticoagulants**

- **Adult: PO** discontinue dabigatran; start parenteral anticoagulant 12 hr (CCr ≥30 mL/min) or 24 hr (CCr <30 mL/min) after the last dabigatran dose

**Deep venous thrombus (DVT)/pulmonary embolism (PE) prophylaxis**

- **Adult: PO** 220 mg or 150 mg/day × 28-35 days, starting with 1/2 dose 1-4 hr after surgery (knee replacement); 110 mg on first day 1-4 hr after surgery, hemostasis achieved, then 220 mg daily × 28-35 days; those previously treated 150 mg bid (hip replacement)

**DVT/PE/treated with a parenteral anticoagulant × 5-10 days**

- **Adult: PO** 150 mg bid

**Renal dose**

- **Adult: PO** CCr 15-30 mL/min, 75 mg bid (for reduction in stroke risk and systemic embolism in nonvalvular atrial fibrillation)

**Available forms:** Caps 75, 110, 150 mg

**Administer:**

- Before surgery, discontinue product; restart after surgery is completed
- Do not crush, break, chew, or empty contents of capsule
- Without regard to food
- Store in original package at room temperature until time of use; discard after 30 days; protect from moisture

**SIDE EFFECTS**

**GI:** Abdominal pain, dyspepsia, esophagitis, gastritis, diarrhea

**HEMA:** Bleeding (any site)

**SYST:** Anaphylaxis (rare), angioedema

**PHARMACOKINETICS**

Protein binding 35%, half-life 12-17 hr (extended in renal disease), peak 1 hr, high-fat meal delays peak

**INTERACTIONS**

**Increase:** bleeding risk—amiodarone, other anticoagulants, clopidogrel, ketoconazole, quinidine, thrombolytics, verapamil