|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Guidelines (year) | Warfarin | Dabigatran | Apixaban | Rivaroxaban | Edoxaban |
| eGFR 30-59 ml/min | AHA/ACC/HRS (2019) (47) | Adjusted dose  INR 2-3 | 150 mg BID | 5.0 or 2.5 mg BID\* | 15 mg QD (evening meal) | 30 mg QD |
| CHEST Guideline (2018) (73) | Adjusted dose  TTR >70% | 150 mg or  110 mg BID (non -US) | 5.0 mg BID | 15 mg QD | 30 mg QD |
| KDIGO (2018)\*\*\* (24) | Adjusted dose  INR 2-3 | 150 mg or  110 mg BID | 5.0 or 2.5 mg BID\* | 15 mg QD | 30 mg QD |
| EHRA Practical Guide (2018) (63) | Adjusted dose  INR 2-3 | 150 mg or  110 mg BID | 5.0 or 2.5 mg BID\* | 20 mg (or 15 mg if CrCl < 50) | 30 mg QD |
|  | ESC (2016) (72) | Adjusted dose INR 2-3 | 150 mg or  110 mg BID | 5.0 or 2.5 mg BID\* | 15 mg QD | 30 mg (or 15 mg if CrCl < 50) |
| eGFR 15-29 ml/min | AHA/ACC/HRS (2019) (47) | Adjusted dose INR 2-3 | 75 mg BID | 5.0 or 2.5 mg BID\* | 15 mg QD | Not recommended |
| CHEST Guideline (2018) (73) | Adjusted dose  TTR >70% | 75 mg BID  (US only) Not recommended outside US | 2.5 mg BID | 15 mg QD | 30 mg QD |
| KDIGO (2018)\*\*\* (24) | Consider Adjusted dose  INR 2-3 | Unknown (consider 75 mg BID | Consider 2.5 mg BID | Consider 15 mg QD | Consider 30 mg QID |
|  | EHRA Practical Guide (2018) (63) | Not discussed | Not recommended | 2.5 mg BID | 15 mg QD | 30 mg QD |
|  | ESC (2016) (72) | Adjusted dose  INR 2-3 | Not recommended | Not recommended if  CrCl < 25 | Not recommended | Not recommended |
| eGFR < 15 ml/min  (Dialysis) | AHA/ACC/HRS (2019) (47) | Adjusted dose  INR 2-3 | Not recommended | 5.0 or 2.5 mg BID\* | Not recommended | Not recommended |
| CHEST Guideline (2018) (73) | Adjusted dose  TTR >70% | Not recommended | 5 mg BID\*\* | Not recommended | Not recommended |
| KDIGO (2018)\*\*\* (24) | Equipoise | Not recommended | Consider  2.5 mg BID | Unknown (15 mg QD mentioned) | Not reccomended |
| EHRA Practical Guide (2018) (63) | Not discussed | Not  recommended | Not  recommended | Not recommended | Not recommended |
|  | ESC (2016) (72) | Not discussed | Not recommended | Not recommended | Not recommended | Not discussed |

**Table 4. Suggested DOAC and VKA dosing if OAT is deemed appropriate; Evidence from Medical Guidelines (2016 onwards) for AF in CKD**

\*Use apixaban 2.5 mg BID if any 2 patient characteristics are present: Cr >1.5 mg/dL (133 umol/L), >80 y of age, body weight <60 kg; Apixaban is not recommended in patients with severe hepatic impairment

\*\* In the USA only, use apixaban if 2 patient characteristics are present: age > 80 years, weight < 60 kg, or serum creatinine > 133 mmol/L  
 \*\*\* KDIGO Controversies Conference held in 2016 but the outcomes were published in 2018.