



# GUIDANCE FOR ANTICOAGULATION REVERSAL\*

This fact sheet provides clinical guidance for the administration of reversal agents, when needed, for patients on anticoagulation for any indication. Reversal of anticoagulants may be required for a life-threatening or critical site bleed, or in situations in which bleeding cannot be controlled with other measures. Please consult with other specialists involved in the patient's care as appropriate. Guidance provided in this tool is not intended to, and should not, replace clinical judgment of the care provider. Therapeutic options should also be determined after discussion between the patient and their care provider.

Dabigatran	
<b>First Line, when available</b>	Administer 5g idarucizumab IV (typically provided as two separate vials each containing 2.5 g/50 mL)
<b>Second Line</b>	If idarucizumab not available, administer 4F-PCC or aPCC 50 units/kg IV
<b>For All Patients</b>	Consider activated charcoal for known recent ingestion (within 2-4 hours)
<b>Not Indicated</b>	Plasma

Edoxaban	
<b>First Line, when available</b>	Administer 4F-PCC 50 units/kg IV
<b>Second Line</b>	If 4F-PCC not available, administer aPCC 50 units/kg IV
<b>For All Patients</b>	Consider activated charcoal for known recent ingestion (within 2-4 hours)
<b>Not Indicated</b>	Idarucizumab, Plasma

Apixaban and Rivaroxaban					
<b>First Line, when available</b>		Administer andexanet alfa as follows:			
Last RIVAROXABAN Dose**	Timing of last rivaroxaban dose before andexanet alpha initiation		Last APIXABAN Dose**	Timing of last apixaban dose before andexanet alpha initiation	
	< 8 hours ago or unknown	≥ 8 hours ago		< 8 hours ago or unknown	≥ 8 hours ago
> 10 mg or Unknown	<b>High dose of andexanet alpha</b> <ul style="list-style-type: none"> <li>Initial IV Bolus: 800 mg at a target rate of 30 mg/min</li> <li>Follow-on IV Infusion: 8 mg/min for up to 120 minutes</li> </ul>	<b>Low dose of andexanet alpha</b> <ul style="list-style-type: none"> <li>Initial IV Bolus: 400 mg at a target rate of 30 mg/min</li> <li>Follow-on IV Infusion: 4 mg/min for up to 120 minutes</li> </ul>	> 5 mg or Unknown	<b>High dose of andexanet alpha</b> <ul style="list-style-type: none"> <li>Initial IV Bolus: 800 mg at a target rate of 30 mg/min</li> <li>Follow-on IV Infusion: 8 mg/min for up to 120 minutes</li> </ul>	<b>Low dose of andexanet alpha</b> <ul style="list-style-type: none"> <li>Initial IV Bolus: 400 mg at a target rate of 30 mg/min</li> <li>Follow-on IV Infusion: 4 mg/min for up to 120 minutes</li> </ul>
≤ 10 mg	<b>Low dose of andexanet alpha</b> <ul style="list-style-type: none"> <li>Initial IV Bolus: 400 mg at a target rate of 30 mg/min</li> <li>Follow-on IV Infusion: 4 mg/min for up to 120 minutes</li> </ul>		≤ 5 mg	<b>Low dose of andexanet alpha</b> <ul style="list-style-type: none"> <li>Initial IV Bolus: 400 mg at a target rate of 30 mg/min</li> <li>Follow-on IV Infusion: 4 mg/min for up to 120 minutes</li> </ul>	
<b>Second Line</b>	If andexanet alpha not available, administer 4F-PCC 50 units/kg IV or aPCC 50 units/kg IV				
<b>For All Patients</b>	Consider activated charcoal for known recent ingestion (within 2-4 hours)				
<b>Not Indicated</b>	Idarucizumab, Plasma				

#### References:

This tool represents content found in the ACC Expert Consensus Pathway referenced below. Any drugs or advice not mentioned in that document are not currently covered by this tool, with the exception of andexanet alpha dosing information.

\*Tomaselli, GF, et al. 2017 ACC Expert Consensus Decision Pathway on Management of Bleeding in Patients on Oral Anticoagulants. J Am Coll Cardiol

\*\*Andexanet alfa is not currently available at every institution; please refer to product locator on manufacturer's website. See <https://www.fda.gov/downloads/BiologicsBloodVaccines/CellularGeneTherapyProducts/ApprovedProducts/UCM606687.pdf> prescribing information for details about andexanet administration.



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VKA (Warfarin)	
<b>First Line, when available</b>	Administer 4F-PCC as follows:
<b>INR</b>	<b>4F-PCC Dose</b>
INR < 2	4F-PCC not approved; use clinical judgement
INR $\geq$ 2 and <4	Administer 25 units/kg
INR 4 - 6	Administer 35 units/kg
INR > 6	Administer 50 units/kg
INR unavailable	4F-PCC low fixed-dose option: <ul style="list-style-type: none"><li>• 1000 units for any major bleed</li><li>• 1500 units for ICH</li></ul>
<b>Second Line</b>	If 4F-PCC not available, use plasma 10-15 mL/kg
<b>Not Indicated</b>	aPCC, Idarucizumab

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