

2023 Beers Criteria Update

KEY REMINDERS FOR ANTICOAGULATION IN CARDIOVASCULAR DISEASE



ANTICOAGULANT	RECOMMENDATION	SUGGESTED ACTION(S)
Warfarin	Avoid use due to increased risk of major bleeding for initial treatment of nonvalvular atrial fibrillation (NVAf) or venous thromboembolism (VTE)	Recommend alternative options, such as direct oral anticoagulants (DOACs), when appropriate
	Avoid use with selective serotonin reuptake inhibitors (SSRIs) due to increased risk of bleeding	Consider alternative anticoagulant or antidepressant, or increase vigilance in international normalized ratio (INR) monitoring
Rivaroxaban	Avoid use due to increased risk of major bleeding for long-term treatment of NVAf in VTE	Recommend alternative options for treatment, such as apixaban, when appropriate
	Reduce dose when creatinine clearance (CrCl) <50 mL/min based on package insert	Refer to package insert for dose reduction in patients with reduced kidney function
Apixaban	Use is safe in CrCl <25 mL/min	Closely monitor patients for adverse events, such as bleeding
Aspirin	Avoid initiating aspirin for primary prevention of cardiovascular disease (CVD) in older patients	Use shared decision making to determine if benefits outweigh risks of initiating/prescribing aspirin for primary prevention of CVD risk and bleeding risk

American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2023;71(7):2052–2081. Table adapted from Meyer K. What's on tap: 2023 Beers Criteria update. *Pharmacy Today.* July 2023. www.pharmacytoday.org.

