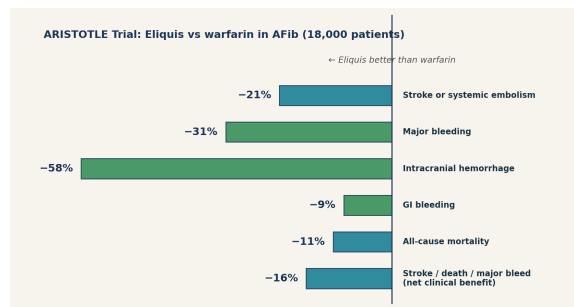


Understanding Eliquis (Apixaban)

A blood thinner that helps prevent stroke and treat clots — with no weekly blood tests

Twice a day. No food limits. Safer than warfarin in large trials.



Online: <https://go.riasalimd.com/eliquis-guide>

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Names & Terms You Will Hear

Term	Meaning
Eliquis	The brand name for apixaban in the United States.
Apixaban	The generic name. It comes as 2.5 mg and 5 mg pills.
Direct oral anticoagulant (DOAC)	A newer kind of blood thinner. It blocks one clotting step on its own. Unlike warfarin, it needs no regular INR blood tests.
Factor Xa inhibitor	How it works. Apixaban blocks Factor Xa. That is a key step in how blood clots form. Block it, and a firm clot cannot set.
Anticoagulant	A medicine that makes blood slower to clot. It does not melt clots you already have. It stops new ones from forming and growing.
CHA ₂ DS ₂ -VASc score	A simple score. It helps us decide if you need a blood thinner for AFib. Each letter is a risk factor: heart failure, high blood pressure, age, diabetes, past stroke, blood vessel disease, and sex.
AFib (Atrial Fibrillation)	An uneven heartbeat. Blood can pool and clot in the top-left heart chamber. Without a blood thinner, AFib raises stroke risk 3 to 5 times.



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What Is Eliquis (Apixaban)?

- Apixaban (Eliquis) is a blood thinner. It blocks Factor Xa, a key step in how blood clots form.
- It comes in two strengths. The 5 mg pill is the usual dose for AFib and for DVT or PE. The 2.5 mg pill is for lower-dose AFib, long-term clot prevention, and after surgery.
- It is not like warfarin. You do not need regular INR blood tests. Vitamin K in food does not change how well it works.
- In the ARISTOTLE trial of 18,000 patients, apixaban cut strokes by 21%, major bleeding by 31%, and brain bleeds by 58% compared to warfarin.
- There is a reversal drug. Andexanet alfa (Andexxa) is FDA-approved to stop apixaban fast in a life-threatening bleed. Carry a medical ID card.



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Why It Matters

- AFib causes 1 in 4 of all strokes. Most are large and leave lasting harm. Apixaban cuts that risk by about two-thirds.
- Among DOACs, apixaban has the strongest trial proof for both stroke prevention and safety. In ARISTOTLE it also lowered the death rate. No other DOAC has shown that.
- DVT and PE are blood clots in the legs and lungs. They strike 1 to 2 people per 1,000 each year. Apixaban treats and prevents them with no bridging shots.
- A brain bleed is the most feared harm from any blood thinner. Apixaban cuts this risk by 58% versus warfarin. That edge matters most in older patients.
- Many people on warfarin spend a lot of time outside the safe range. Apixaban acts the same way each day, so it does not swing like that.

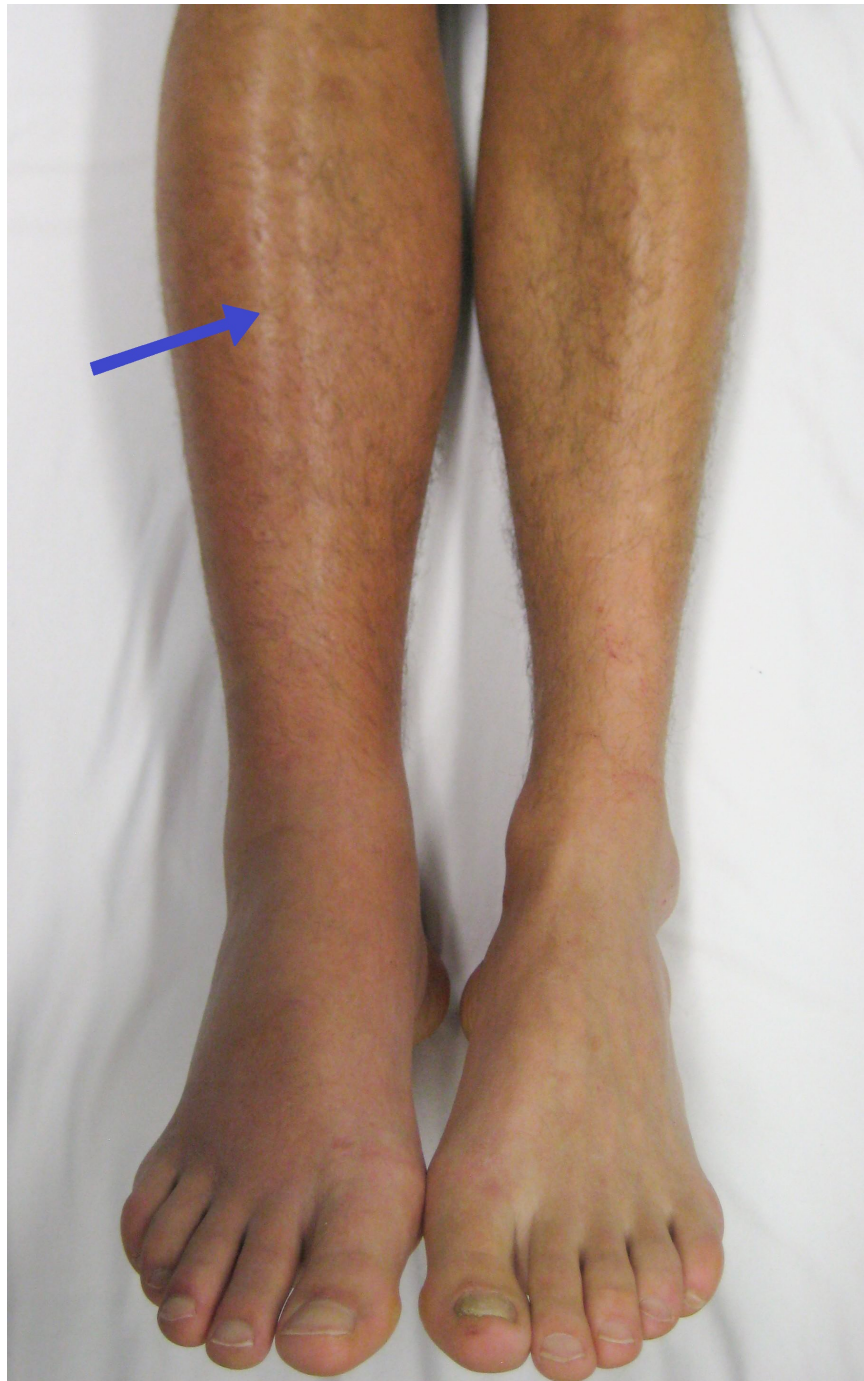


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A real DVT of the right leg — unilateral swelling and redness. This is the clot apixaban treats and helps prevent from returning or traveling to the lungs as a PE. Image: J. Heilman, MD, Wikimedia Commons (CC BY-SA 3.0).



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Treatment Options

- AFib, to prevent stroke (usual dose): 5 mg twice a day. We drop it to 2.5 mg twice a day if you meet 2 of these 3: age 80 or older, weight 60 kg or less, or creatinine 1.5 mg/dL or higher.
- DVT or PE, to treat a clot: 10 mg twice a day for the first 7 days. Then 5 mg twice a day for at least 3 months.
- DVT or PE, to keep clots away after that: 2.5 mg twice a day. This is a much lower dose than the treatment dose.
- After hip replacement: 2.5 mg twice a day for 35 days. Start 12 to 24 hours after surgery.
- After knee replacement: 2.5 mg twice a day for 12 days. Start 12 to 24 hours after surgery.
- You can crush the pills and mix them in water, apple juice, or applesauce. Take it right away. Do not save it for later.
- Never stop apixaban without calling us. In AFib, stopping all at once sharply raises stroke risk in the next few weeks.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Apixaban (Eliquis)	Bleeding in the gut, urine, or rarely the brain. You take it twice a day, which is easy to forget. No INR tests, but also no way to fine-tune the dose. A few drugs can change its level. It is costly without insurance.	Versus warfarin in ARISTOTLE: 21% fewer strokes, 31% less major bleeding, 58% fewer brain bleeds, and 11% fewer deaths. No food limits. A reversal drug is on hand.	Rivaroxaban (Xarelto — once a day, but more gut bleeding). Dabigatran (Pradaxa — more gut bleeding). Warfarin (needs INR tests, cheaper). No blood thinner (high stroke and clot risk).
Rivaroxaban (Xarelto)	Bleeding. Once a day for AFib, which is easier to recall. But you must take it with the evening meal. Some studies show a bit more gut bleeding than apixaban.	As good as warfarin in ROCKET AF. Once a day for AFib. It has a low-dose use for blood vessel disease (COMPASS) that apixaban does not.	Apixaban (we prefer it for lower gut bleeding risk). Warfarin. Dabigatran.
Warfarin (Coumadin)	Weekly INR tests. Food and drug clashes. A narrow safe range — most patients stay in range only about 60% of the time.	Decades of safety data. Cheap. It is the only choice for a mechanical heart valve, where DOACs cannot be used. Two ways to reverse it (vitamin K, 4F-PCC).	For AFib without a valve problem, all current guidelines pick DOACs over warfarin. Many guidelines name apixaban as the top DOAC.
No anticoagulation in AFib	Stroke risk runs 3 to 5 times higher each year. AFib strokes are often large and cause lasting harm.	No drug side effects. No tests to keep up with.	A blood thinner is a Class I (strongest) advice for AFib when the CHA ₂ DS ₂ -VASc score is 2 or more in men, or 3 or more in women.



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Common Misconceptions

Myth	Reality
Eliquis thins my blood — I will bleed out from a small cut.	Small cuts heal as they should. Apixaban slows clotting, but it does not stop healing. Call us right away if a minor cut bleeds more than 10 to 15 minutes, or if you have any bleeding inside the body.
Because I take Eliquis, I need to avoid all leafy greens and vitamin K foods.	That rule is for warfarin only. Apixaban works a different way, and food vitamin K does not change it. Eat a normal, balanced diet.
5 mg Eliquis and 2.5 mg Eliquis are the same — I can take extra if I forget a dose.	Never take a double dose. The 5 mg and 2.5 mg pills are for different needs. If you miss a dose and the next one is less than 6 hours away, skip the one you missed. If it is more than 6 hours away, take it right away.
I can stop Eliquis once I no longer feel my AFib.	AFib is often silent. You may feel fine while your heart still beats unevenly and forms clots. Stopping on your own is risky. Call us first so we can check if you still need the blood thinner.
Eliquis is the same as Xarelto — they're both blood thinners.	They are in the same class (Factor Xa inhibitors), but they are not the same drug. Apixaban is taken twice a day. It has better gut bleeding data. In ARISTOTLE it also lowered the death rate versus warfarin. Rivaroxaban is once a day for AFib and has a low-dose use for blood vessel disease (COMPASS).
If I need emergency surgery, surgeons can't operate because of Eliquis.	They can still operate. Surgeons and anesthesia doctors are trained to handle patients on apixaban. Andexanet alfa reverses it fast. Carry your medical ID. What counts most is that the team knows you take it.
I can take ibuprofen or Aleve safely with Eliquis.	NSAIDs like ibuprofen, naproxen, and Aleve raise bleeding risk on top of apixaban, mostly in the gut. Skip them unless Dr. Ali clears a short course. Use acetaminophen for pain instead.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Major bleeding	The main risk of any blood thinner. In head-to-head studies, apixaban caused fewer gut and brain bleeds than warfarin, dabigatran, or rivaroxaban. For AFib patients, the risk of a major bleed is about 2 to 3% a year.
Drug clashes — the CYP3A4 and P-gp pathway	The body clears apixaban through two routes, called CYP3A4 and P-glycoprotein. Some drugs slow these routes and can double the apixaban level. These include certain antifungals, some HIV drugs, and high-dose diltiazem. Other drugs speed the routes and can cut the level in half. These include rifampin, carbamazepine, and St. John's Wort.
Clot rebound if you stop too soon	If you stop apixaban for AFib, you face a 2 to 4 week window of higher stroke risk. Always call us before you stop, even for a short time.
Bleeding around the spine	Rare but serious with a spinal or epidural shot. Your anesthesia doctor must know you take apixaban before any such block.
Allergic reactions	Rare. You may get a rash, itching, or face swelling. Stop the drug and call us. Go to the ER if your throat feels tight or you have trouble breathing.



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Points to Know

If you remember nothing else, remember these key points.

- Twice a day means every 12 hours — morning and evening. Set two phone alarms.
- Carry a wallet card or wear a medical alert bracelet: 'On apixaban (Eliquis). Reversal: andexanet alfa.'
- Call us 48 to 72 hours before any planned surgery, procedure, or tooth pulling. We need to plan when to stop and restart.
- The usual AFib dose is 5 mg twice a day. Your dose may drop to 2.5 mg twice a day if you are 80 or older, weigh 60 kg or less, or have a creatinine of 1.5 or higher. Ask us.
- NSAIDs like ibuprofen and naproxen raise bleeding risk a lot. Use acetaminophen (Tylenol) for mild pain instead.
- Stay away from St. John's Wort, rifampin, and strong antifungals like itraconazole and ketoconazole. They can change apixaban levels in ways we cannot predict.
- Tell us if you take carvedilol, amiodarone, or certain HIV drugs. They may clash with apixaban, so your dose may need a change.
- Keep the pills at room temperature. Leave them in the original bottle, away from damp air.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Unusual bleeding that does not stop within 10-15 minutes — call us or go to the ER.
- Blood in urine (pink, red, or brown) — call us today.
- Black or tarry stools, or vomiting blood — call 911 or go to the ER.
- Sudden severe headache, vision changes, weakness on one side, or trouble speaking — call 911 (stroke symptoms).
- Coughing up blood — call 911.
- Severe chest pain or sudden shortness of breath — call 911.
- Any fall with head injury — go to the ER and tell them you take apixaban (Eliquis).
- Before stopping for any reason, or before starting any new prescription — call us first.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [MedlinePlus — Apixaban](#) - NIH patient drug information.
- [Cleveland Clinic — Apixaban \(Eliquis\)](#) - Patient-friendly drug profile.
- [American Heart Association — Anticoagulation and AFib](#) - AHA patient education on blood thinners and irregular heart rhythm.
- [National Blood Clot Alliance](#) - Patient advocacy and education for DVT and PE.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [ARISTOTLE Trial — Apixaban vs Warfarin in Nonvalvular AFib \(Granger et al. NEJM 2011\)](#) [Clinical Trial]
Pivotal RCT: apixaban superior to warfarin — fewer strokes, less major bleeding, and lower mortality. Foundation for AFib indication and 'preferred DOAC' positioning.
- [AMPLIFY Trial — Apixaban for VTE Treatment \(Agnelli et al. NEJM 2013\)](#) [Clinical Trial]
Apixaban noninferior for DVT/PE treatment with significantly less major bleeding than enoxaparin/warfarin. Establishes the DVT/PE treatment dosing (10 mg BID x 7 days, then 5 mg BID).
- [AMPLIFY-EXT Trial — Extended VTE Prevention with Apixaban \(Agnelli et al. NEJM 2013\)](#) [Clinical Trial]
2.5 mg BID reduced VTE recurrence by 67% vs placebo with minimal bleeding increase. Anchors the extended-prevention dose distinction.
- [ADVANCE Trials — Apixaban for Post-Orthopedic Surgery VTE Prophylaxis \(Lassen et al. NEJM 2010\)](#) [Clinical Trial]
Established apixaban 2.5 mg BID superiority over enoxaparin for hip/knee replacement VTE prophylaxis. Foundation for surgical indication.
- [ACC/AHA/HRS AFib Guideline \(January et al. Circulation 2019\)](#) [Guideline]
Class I recommendation for DOACs over warfarin in nonvalvular AFib. Multiple guidelines list apixaban as the preferred DOAC based on ARISTOTLE mortality benefit.
- [ACCP VTE Guidelines — Antithrombotic Therapy \(Chest 2021\)](#) [Guideline]
Strong recommendation for DOACs over VKA for DVT/PE. Apixaban listed as first-line choice based on AMPLIFY bleeding profile.
- [MedlinePlus — Apixaban](#) [Clinical]
NIH patient drug information including dosing, interactions, and missed-dose guidance.
- [Cleveland Clinic — Apixaban \(Eliquis\)](#) [Clinical]
Patient-friendly drug profile with dosing, side effects, and bleeding warning signs.



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About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed against Eliquis manufacturer PI, MedlinePlus, and Cleveland Clinic drug page. Ours adds: ARISTOTLE visual outcomes chart vs warfarin, explicit dose-switching table for DVT/PE (10 mg BID then 5 mg BID then 2.5 mg BID extended), the 2.5 mg vs 5 mg dose distinction for AFib (weight/age/creatinine criteria), and missed-dose timing rules.

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This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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