University Health System

Anticoagulation Algorithm for DVT and PE Treatment

Rivaroxaban (Xarelto®)

CrCl >30 mL/min:
15mg twice daily with a full meal for 21 days, then
20mg once daily with a full meal at approximately same time each day for remaining treatment period

CrCl <30 ml/min: **Do not use**

OR

Apixaban (Eliquis®)

10mg twice daily for 7 days, then 5mg twice daily for remaining treatment period

Reduction in the risk of VTE recurrence after at least 6 months treatment: 2.5mg twice daily (studied for an additional 12 months in patients whom physicians were uncertain about continuing therapy)

Renal impairment: no dosage adjustment necessary;
Caution: patients with Scr > 2.5mg/dL or CrCl < 25mL/min were excluded from clinical trials. Use only if potential benefit outweighs the risk and consider assessing renal function more frequently (every 3 months).

DO NOT USE these medications if:

- Valvular Atrial fibrillation (moderate-severe mitral stenosis or presence of mechanical heart valve)
- Concomitant therapy with dual CYP3A4 and P-gp inhibitors or inducers
- Significant liver disease
- Pregnancy or breastfeeding
- Pediatrics

Consider Heparin or Enoxaparin bridged to Warfarin if:

Significant liver disease, concomitant therapy with dual CYP3A4 and P-gp inhibitors or inducers, extreme body weight (< 50kg or > 120kg), ESRD requiring HD, hypercoagulable disorders (ex. antiphospholipid syndrome), patient is unable to afford rivaroxaban or apixaban
Cancer Associated DVT/PE- Though LMWHs are standard of care, DOACs may also be an acceptable option

LMWH-low molecular weight heparin, DOAC- direct oral anticoagulant
See Rivaroxaban, Apixaban, and Warfarin Guidelines posted to the Clinical Pathways and Guidelines page for more information
Developed by: Anticoagulation Safety Committee 2013
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