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

### 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:**
- Significant liver disease
- Concomitant therapy with dual CYP3A4 and P-gp inhibitors or inducers
- 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

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