May 11, 2022

**PAXLOVID™ FOR A PATIENT ON A DOAC**

who is also at high risk of hospitalization from COVID-19 (e.g., unvaccinated or immunocompromised)

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**RIVAROXABAN**

Is remdesivir an option?

- **NO**
  - **WHY IS THE PATIENT ON RIVAROXABAN?**
    - **ATRIAL FIBRILLATION +/- bioprosthetic valve**
      - Hold rivaroxaban, start edoxaban* (30 mg daily)
      - Page 2

- **YES**
  - **REFER PATIENT FOR REMDESVIR**

**APIXABAN, DABIGATRAN, EDOXABAN**

Is remdesivir an option?

- **NO**
  - **WHY IS THE PATIENT ON APIXABAN/DABIGATRAN/EDOXABAN?**
    - **ATRIAL FIBRILLATION +/- bioprosthetic valve**
      - CONTINUE WITHOUT CHANGE*

- **YES**
  - **IS THE PATIENT ON A LOW DOSE?**
    - APIXABAN 2.5 MG BID
    - DABIGATRAN 110 MG BID
    - EDOXABAN ≤ 30 MG DAILY

**VTE/ATE**

Venous thromboembolism/arterial thromboembolism

**LOW RISK OF CLOT**

- Hold DOAC, start aspirin*
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**HIGH RISK OF CLOT**

- Hold DOAC, start LMWH*
  - LMWH = Low molecular weight heparin

High risk of clot includes:

- Clot within past 6 months
- Clot at any time in past when anticoagulation interrupted
- Active cancer with clot at any point in cancer journey
- Diagnosis of antiphospholipid antibody syndrome

**ATRIAL FIBRILLATION**

Venous thromboembolism/arterial thromboembolism

**LOW RISK OF CLOT**

- Hold DOAC, start aspirin*
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**HIGH RISK OF CLOT**

- Hold DOAC, start LMWH*
  - LMWH = Low molecular weight heparin

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**CHANGE TO LOW DOSE**

- **Apixaban** Reduce to 2.5 mg BID
- **Edoxaban** Reduce to 30 mg daily
- **Dabigatran** Reduce to 110 mg BID (eGFR >50 mL/minute)
  - Reduce to 75 mg BID (eGFR 30-50 mL/minute)

Resume usual dose 2 days after completing Paxlovid™.

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*Decisions to hold, adjust, or change medications should be made on a patient-specific basis.

This document is intended for use by experienced clinicians, including prescribers and pharmacists. The information is not intended to replace sound professional judgment in individual situations, and should be used in conjunction with other reliable sources of information. Clinicians should always consider the risk/benefit profile for their individual patient, discuss these risks with the patient or caregiver before initiating therapy, and closely monitor for treatment benefit and adverse effects.
How to hold a DOAC and start aspirin:

**VTE/ATE: LOW RISK OF CLOT**

- **DAY 0**: Last dose of DOAC
- **DAY 1**: Start Paxlovid™ and aspirin

How to hold a DOAC and start LMWH:

**VTE/ATE: HIGH RISK OF CLOT**

- **DAY 0**: Last dose of DOAC
- **DAY 1**: Start Paxlovid™ and LMWH

How to hold rivaroxaban and start edoxaban:

**ATRIAL FIBRILLATION**

- **DAY 0**: Last dose of rivaroxaban
- **DAY 1**: Start Paxlovid™ and edoxaban

**People who take a DOAC should stay up to date with their COVID-19 vaccines, including boosters.**

It can be challenging to manage drug interactions between COVID-19 treatments and DOACs. Vaccination can reduce the risk of needing treatment for COVID-19.