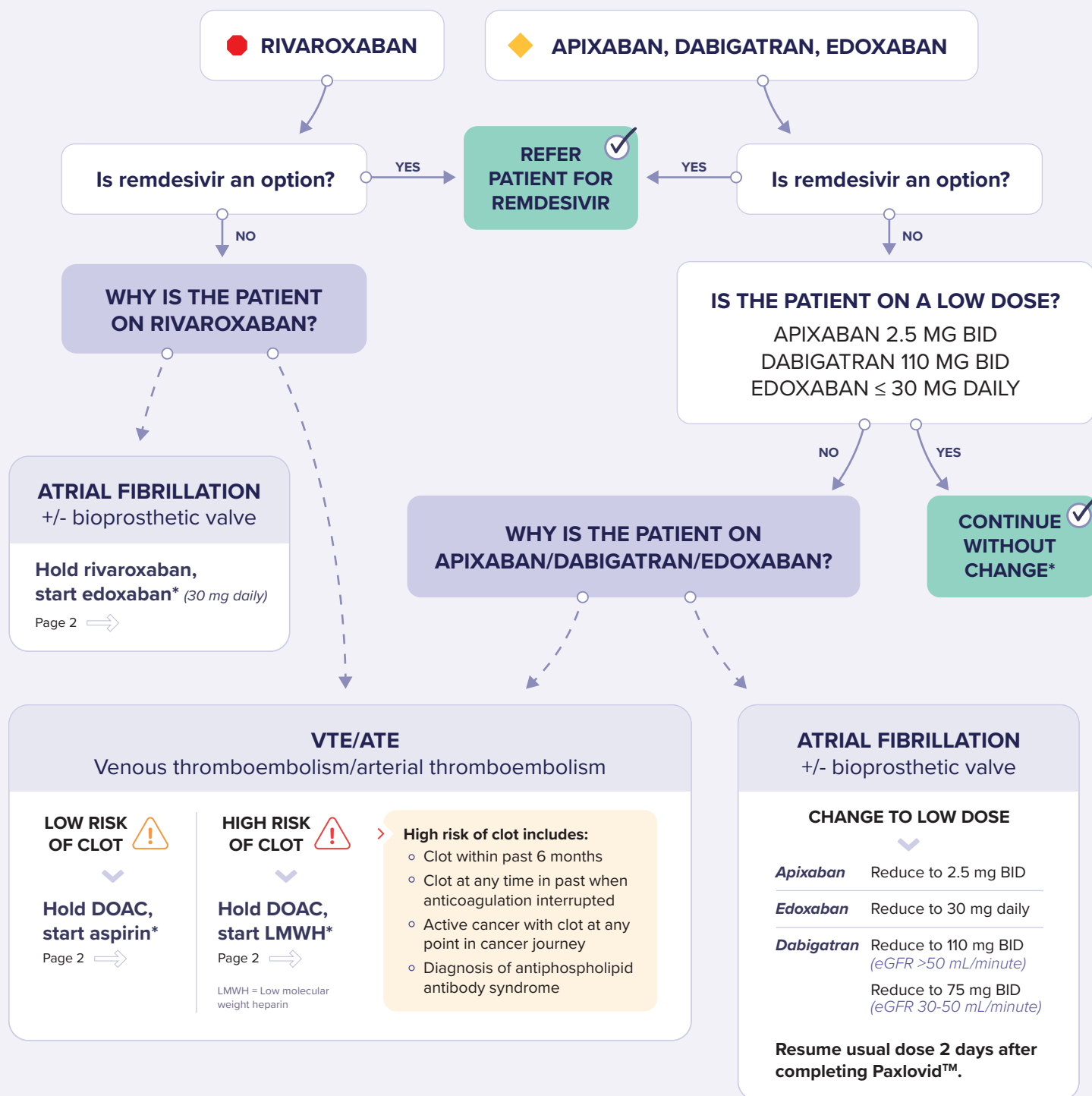




PAXLOVID™

FOR A PATIENT ON A DOAC DIRECT ORAL ANTICOAGULANT

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

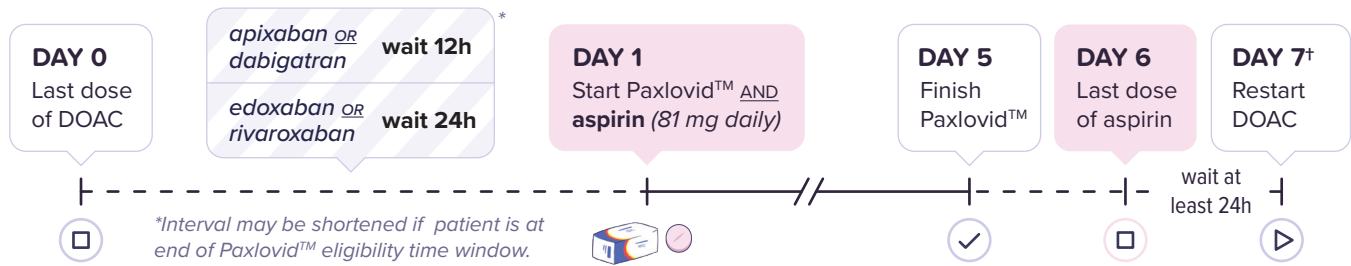


*Decisions to hold, adjust, or change medications should be made on a patient-specific basis.

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:

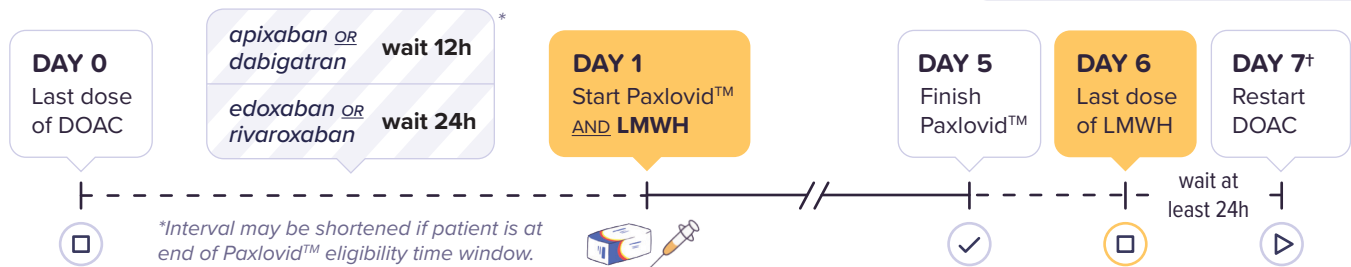
VTE/ATE: LOW RISK OF CLOT



* If Paxlovid is started in evening of Day 1 and last dose is morning of Day 6, last dose of aspirin will be Day 7, and restarting DOAC will be Day 8.

How to hold a DOAC and start LMWH:

VTE/ATE: HIGH RISK OF CLOT

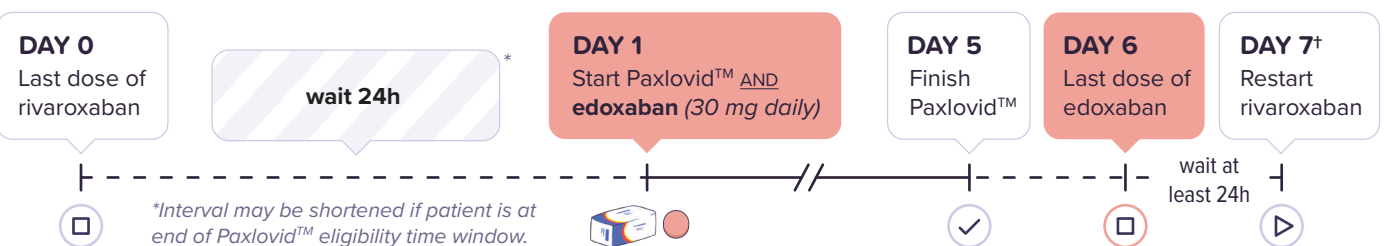


Possible LMWH doses:	Dalteparin	Enoxaparin	Tinzaparin
	200 units/kg daily If >90 kg: 100 units/kg (every 12h)	1 mg/kg every 12h (preferred) OR 1.5 mg/kg once every 24h	175 anti-Xa units/kg once daily

* If Paxlovid is started in evening of Day 1 and last dose is morning of Day 6, last dose of LMWH will be Day 7, and restarting DOAC will be Day 8.

How to hold rivaroxaban and start edoxaban:

ATRIAL FIBRILLATION



* If Paxlovid is started in evening of Day 1 and last dose is morning of Day 6, last dose of edoxaban will be Day 7, and restarting DOAC will be Day 8.

◆ **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.

