PAXLOVID™ FOR A PATIENT ON A DOAC (DIRECT ORAL ANTICOAGULANT) who is also at high risk of hospitalization from COVID-19 (e.g., unvaccinated, immunocompromised, or over 60 years old)

Is remdesivir an option?

Yes

Refer patient for remdesivir

No

Why is the patient on rivaroxaban?

Atrial fibrillation +/- bioprosthetic valve

Hold rivaroxaban, start edoxaban* (30 mg daily)

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For patients currently receiving rivaroxaban 20 mg daily, if ≤65 years old with CrCl>50 mL/min, it may be reasonable to decrease rivaroxaban to 10 mg daily. Resume normal rivaroxaban dose 2 days after completing nirmatrelvir/ritonavir.†


Why is the patient on apixaban/dabigatran/edoxaban?

Atrial fibrillation +/- bioprosthetic valve

Is the patient on a low dose?

Apixaban 2.5 mg BID
Dabigatran 110 mg BID
Edoxaban ≤ 30 mg daily

No

Yes

Continue without change*

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*

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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

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™.

*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 (81 mg daily)

**DAY 5**
Finish Paxlovid™

**DAY 6**
Last dose of aspirin

**DAY 7†**
Restart DOAC

- Interval may be shortened if patient is at end of Paxlovid™ eligibility time window.

† 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**

**DAY 0**
Last dose of DOAC

**DAY 1**
Start Paxlovid™ AND LMWH

**DAY 5**
Finish Paxlovid™

**DAY 6**
Last dose of LMWH

**DAY 7†**
Restart DOAC

- Interval may be shortened if patient is at end of Paxlovid™ eligibility time window.

† 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.

Possible LMWH doses:

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

How to hold rivaroxaban and start edoxaban:

**ATRIAL FIBRILLATION**

**DAY 0**
Last dose of rivaroxaban

**DAY 1**
Start Paxlovid™ AND edoxaban (30 mg daily)

**DAY 5**
Finish Paxlovid™

**DAY 6**
Last dose of edoxaban

**DAY 7†**
Restart rivaroxaban

- Interval may be shortened if patient is at end of Paxlovid™ eligibility time window.

† 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.