

# My patient wants apixaban “refills” from the ED – what do I do?

Does patient have a 7-day supply remaining?

yes

Refer to Anticoagulation Clinic

1. ORCHID message pool: “OVM Coumadin ED/UC Urgent Follow Up”
2. Tell us how much apixaban the patient has, so we can **expedite**
3. Check a BMP (so we can convert to rivaroxaban if possible)

no

Is CrCl < 15, or is patient on hemodialysis?

yes

Options:

1. Switch to warfarin (if patient requires bridging, then admit for heparin drip)
2. Prescribe apixaban to OVMC pharmacy. Fill out TNF form. Call pharmacy for ok.

no

We can probably switch to rivaroxaban:

1. Determine clinical indication for anticoagulation
2. Check BMP and calculate CrCl
3. Use OVMC pharmacy. Don't forget the PA form.

Atrial Fibrillation

Acute DVT/PE

(within 21 days of diagnosis)

Non-acute DVT/PE

(at least 21 days after diagnosis)

Other/Unclear

CrCl > 50

CrCl 15 - 50

CrCl > 30

CrCl > 30

Rivaroxaban  
20mg daily

Rivaroxaban  
15mg daily

Rivaroxaban  
15mg bid x 21 days,  
then 20mg daily

Rivaroxaban  
20mg daily

Cheat sheet  
for approx  
equivalent  
dosing

Apix dose	Rivarox dose	Usual indication
10mg po bid	15mg po bid	Acute DVT/PE
5mg po bid	20mg po daily	Non-acute DVT/PE or nonvalvular AF
2.5mg po bid*	15mg po daily*	Nonvalvular AF with reduced renal function
2.5mg po bid	10mg po daily	Extended tx of DVT/PE or postop VTE prophylaxis

\*Apixaban and rivaroxaban are adjusted differently for CrCl, so these aren't always interchangeable