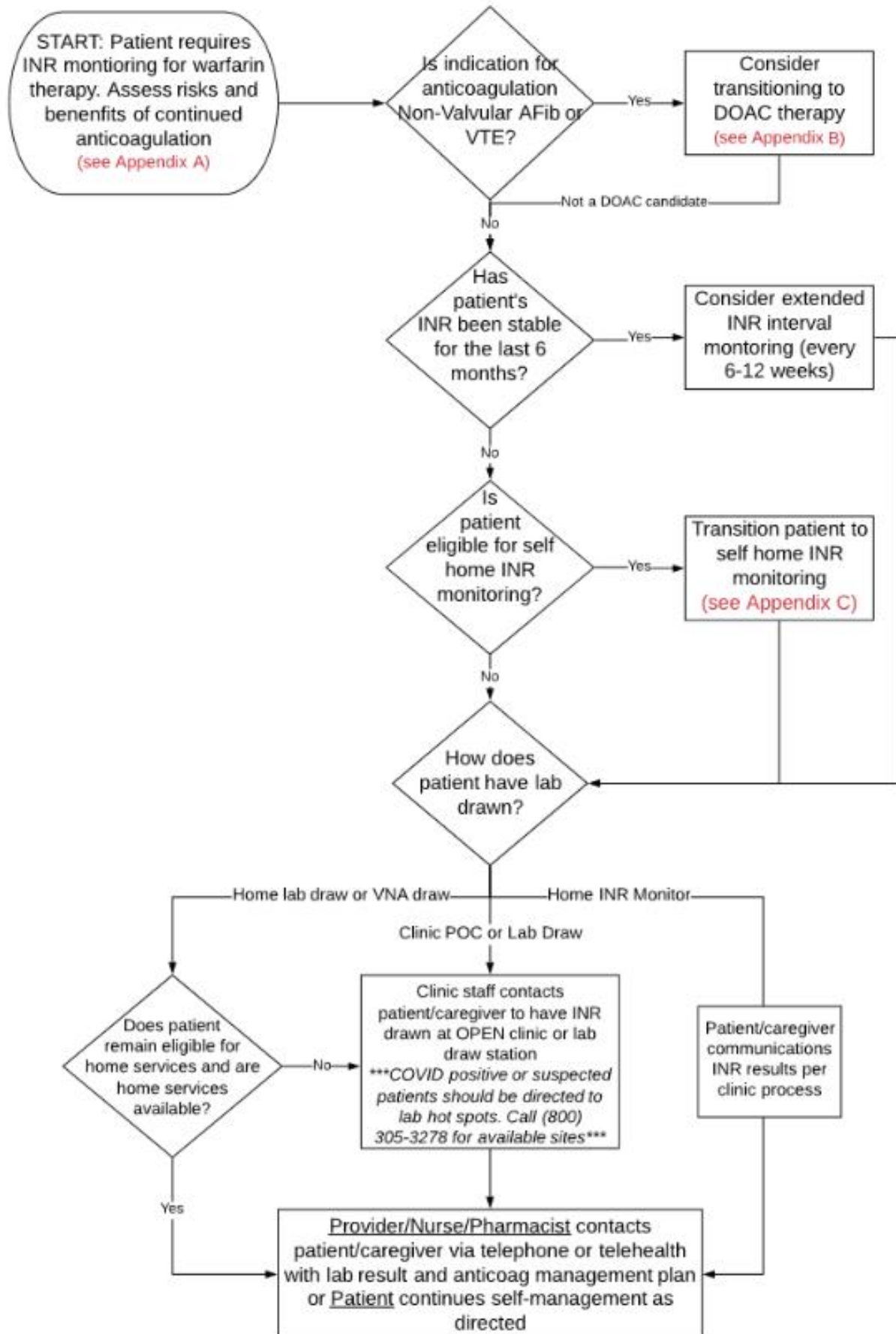


# COVID-19 Ambulatory Anticoagulation Management Workflow and Resources



**Appendix A – Considerations for Continuation of Anticoagulation Therapy During COVID-19 Pandemic**

- Indication for anticoagulation therapy
- Duration of anticoagulation therapy
- Patient’s bleeding risk
- Adherence to anticoagulant therapy and lab monitoring
- Availability of lab monitoring
- Patient’s risk for exposure and risk factors for severe illness from COVID-19

**Appendix B – DOAC Therapy Considerations**

Contraindications to DOACs	Cautions to DOACs
<ul style="list-style-type: none"> <li>• Mechanical heart valves</li> <li>• Triple positive antiphospholipid syndrome</li> <li>• Severe renal impairment (see DOAC specific dosing below)</li> <li>• Moderate or severe hepatic impairment</li> <li>• Active pathological bleeding</li> <li>• Active malignancy</li> <li>• Pregnant or breastfeeding</li> <li>• Concomitant use of strong inducers or inhibitors of CYP3A4 or p-glycoprotein (ketoconazole, itraconazole, ritonavir, clarithromycin, rifampin)</li> </ul>	<ul style="list-style-type: none"> <li>• Previous history of failed DOAC therapy</li> <li>• DOACs not studied extensively in patients who have failed therapeutic anticoagulation, those with unusual sites of thrombosis (e.g., cerebral, splanchnic), or those with extensive GI surgeries</li> <li>• The efficacy of DOACs in patients with antiphospholipid antibody syndrome, strong heritable thrombophilias, or heparin-induced thrombocytopenia (HIT) is uncertain</li> <li>• Patients with history of head trauma</li> <li>• Patients on concurrent NSAID therapy</li> </ul>

Medication	Indication	Renal Function CrCl (mL/min)	Dosing	Conversion Considerations
<b>apixaban</b> (Eliquis)	Non-Valvular Atrial Fibrillation	No risk factors	5 mg twice daily	<ul style="list-style-type: none"> <li>• Discontinue warfarin and start when INR &lt; 2.0</li> <li>• Discontinue LMWH and start at next scheduled dosing time of LMWH</li> </ul>
		Any two factors: SCr ≥ 1.5mg/dL, age ≥80, weight ≤ 60kg	2.5 mg twice daily	
	VTE (DVT/PE) Treatment	All patients CrCl ≥ 25 mL/min and SCr ≤ 2.5 mg/dL	10 mg twice daily x 7 days, followed by 5 mg twice daily for 6 months	
	VTE (DVT/PE) Reduction in Risk of Recurrence	All patients	2.5 mg twice daily (following 6 months of initial therapy)	
<b>dabigatran</b> (Pradaxa)	Non-Valvular Atrial Fibrillation	>30	150 mg twice daily	<ul style="list-style-type: none"> <li>• Discontinue warfarin and start when INR &lt; 2.0</li> <li>• Discontinue LMWH and start ≤ 2 hours prior to the next scheduled dose of LMWH</li> </ul>
		15-30	75 mg twice daily	
		<15 and HD	Avoid use	
	VTE (DVT/PE) Treatment VTE (DVT/PE) Reduction in Risk of Recurrence	> 30	150 mg twice daily after 5-10 days of parenteral anticoagulation	
		< 30	Avoid use	
<b>Edoxaban</b> (Savaysa)	Non-Valvular Atrial Fibrillation	>95	Avoid use	<ul style="list-style-type: none"> <li>• Discontinue warfarin and start when INR ≤ 2.5</li> <li>• Discontinue LMWH and start at next scheduled dosing time of LMWH</li> </ul>
		51-95	60mg once daily	
		15-50	30 mg once daily	
		<15	Avoid use	
	VTE (DVT/PE) Treatment <i>(following 5 to 10 days of initial parenteral anticoagulant)</i>	>50	60mg once daily	
		15-50, wt<60kg, concomitant P-gp inhibitors	30mg once daily	
		<15	Avoid use	
<b>rivaroxaban</b> (Xarelto)	Non-Valvular Atrial Fibrillation	> 50	20 mg once daily	<ul style="list-style-type: none"> <li>• Discontinue warfarin and start when INR &lt; 3.0</li> <li>• Discontinue LMWH and start ≤ 2 hours prior to the next scheduled dose of LMWH</li> </ul>
		≤ 50	15 mg once daily	
	VTE (DVT/PE) Treatment	≥ 15	15 mg twice daily x 21 days, followed by 20 mg once daily	
		< 15	Avoid use	
	VTE (DVT/PE) Reduction in Risk of Recurrence	≥ 15	10 mg daily (following 6 months of initial therapy)	
		< 15	Avoid use	

## Appendix C – Home INR Monitoring

### Insurance Coverage

- Medicare – Covered by Part B for up to 4 tests/month
- Private Insurance – Covered by many private insurances, individual coverage depends on plan
- Medicaid – Not covered
- Self-pay available

### Eligibility Criteria

- On warfarin for 90 days and plan to take it for 1 year or more
- Be physically capable of performing a test or have a caregiver that can assist
- Demonstrate the correct use of the home INR monitor after training

### Covered Indications

- Mechanical heart valve
- Atrial fibrillation
- Venous thromboembolism (DVT or PE)
- Hypercoagulable state

Company	Delivery	Additional Information
<p>Acelis - <i>preferred</i></p> <p>(877) 262-4669</p> <p><a href="#">Website</a> <a href="#">Provider Form</a></p>	<p><b>Patient Home:</b> Yes, doing virtual training for patients (If patient does not have technology, sending the patient a tablet with a pre-paid box for return)</p> <p><b>Clinic Staff Training:</b> No</p>	<p><b>Estimated Time:</b> Before COVID-19 ~1 week. Current timeframe ~3-5 weeks</p> <p><b>Frequency requirement:</b> new patient starts at least 2x/month, can go to monthly (with a new prescription sent)</p>
<p>Roche - <i>preferred</i></p> <p>1 (800) 780-0675</p> <p><a href="#">Website</a> <a href="#">Physician Order Form</a> <a href="#">Patient Authorization Form</a></p>	<p><b>Patient Home:</b> Yes, doing virtual training if patient has FaceTime or GoogleDuo</p> <p><b>Clinic Staff Training:</b> Yes, if Roche trained clinic representative available</p>	<p><b>Estimated Time:</b> Before COVID-19 ~2-3 week. Current timeframe more variable</p> <p><b>Frequency requirement:</b> at least 2x/month</p>
<p>Remote Cardiac Services</p> <p>1 (800) 876-1010</p> <p><a href="#">Website</a> <a href="#">Prescription Form</a></p>	<p><b>Patient Home:</b> Yes, doing in home and virtual training via telephone or FaceTime</p> <p><b>Clinic Staff Training:</b> No. Patient can bring monitor shipped to home for in office training. Provider has to fill out a form stating they did the training</p>	<p><b>Estimated Time:</b> Currently 3-5 days for insurance to be verified, will contact the patient with out of pocket cost, then shipped with same day shipping (1-2 days). Total ~ 2 weeks</p> <p><b>Frequency requirement:</b> must test on a weekly basis</p>
<p>mdINR</p> <p>(855) 431-5350</p> <p><a href="#">Website</a> <a href="#">Physician Order Form</a> <a href="#">Patient Order Form</a></p>	<p><b>Patient home:</b> Yes, doing in home or virtual</p> <p><b>Clinic Training:</b> Only for specific patients (if insurance will not pay for home training)</p>	<p><b>Estimated Time:</b> Ships out of New York, time estimate not available</p> <p><b>Frequency requirement:</b> must test on a weekly basis</p>