

THROMBOEMBOLIC DISORDER TREATMENTS: DVT/PE (Part 1 of 2)

Generic	Brand	Form	Indication	Adult Dose
ANTICOAGULANTS				
Coumarins				
warfarin	Coumadin	tabs	Prophylaxis and treatment of DVT or PE	Individualize. Initially 2–5mg daily. <i>Usual maintenance:</i> 2–10mg daily. <i>CYP2C9 or VKORC1 enzymes variations, elderly, debilitated, Asians:</i> use lower initial and maintenance doses.
Direct Thrombin Inhibitors				
dabigatran	Pradaxa	caps	DVT/PE treatment in those treated with parenteral anticoagulant for 5–10 days. Reduce risk of recurrent DVT/PE in those that have been previously treated.	<i>CrCl</i> >30mL/min: 150mg twice daily (if treatment, give after 5–10 days of parenteral anticoagulation). <i>CrCl</i> ≤30mL/min or on dialysis: not recommended. <i>CrCl</i> <50mL/min with concomitant P-gp inhibitors: avoid.
			DVT/PE prophylaxis after hip replacement surgery	<i>CrCl</i> >30mL/min: 110mg for first day (given 1–4hrs post surgery and after hemostasis achieved), then 220mg daily for 28–35 days. <i>CrCl</i> ≤30mL/min or on dialysis: not recommended. <i>CrCl</i> <50mL/min with concomitant P-gp inhibitors: avoid.
Factor Xa Inhibitors				
apixaban	Eliquis	tabs	DVT prophylaxis if underwent hip or knee replacement surgery	2.5mg twice daily; initially give 12–24hrs after surgery. <i>Hip:</i> treat for 35 days. <i>Knee:</i> treat for 12 days.
			DVT, PE treatment	10mg twice daily for 7 days, then 5mg twice daily
			Reduce risk of DVT, PE recurrence	2.5mg twice daily after at least 6 months of DVT or PE treatment
betrixaban	Bevyxxa	caps	VTE prophylaxis—hospitalized patients	Initially 160mg as a single dose, then 80mg once daily for 35–42 days.
fondaparinux	Arixtra	inj	DVT prophylaxis—abdominal surgery; hip replacement or fracture surgery; knee replacement	2.5mg SC once daily (after hemostasis is established, no earlier than 6–8hrs post-op) for 5–9 days. <i>Abdominal:</i> max 10 days. <i>Hip or knee replacement:</i> max 11 days. <i>Hip fracture:</i> give for up to 24 more days (max 32 days total).
			Acute DVT or PE (with warfarin)	<50kg: 5mg; 50–100kg: 7.5mg; >100kg: 10mg; for all: give SC once daily for at least 5 days (usually 5–9 days; max 26 days) until adequately anticoagulated with warfarin (INR 2–3); start warfarin within 72hrs.
rivaroxaban	Xarelto	tabs	DVT, PE treatment	15mg twice daily for first 21 days, then 20mg once daily for the remaining treatment. <i>CrCl</i> <30mL/min: avoid.
			Reduce risk of DVT, PE recurrence	10mg once daily (after ≥6mos of standard anticoagulant therapy). <i>CrCl</i> <30mL/min: avoid.
			DVT prophylaxis—hip or knee replacement	10mg once daily (6–10hrs after surgery once hemostasis established) for 35 days (hip) or 12 days (knee). <i>CrCl</i> <30mL/min: avoid.
Heparins				
heparin sodium	—	inj	Postoperative DVT and PE low-dose prophylaxis—major abdominothoracic surgery or at risk of developing thromboembolic disease	<i>See full labeling.</i> >40yrs undergoing major surgery: 5000 IU SC (in the arm or abdomen) 2hrs before surgery and 5000 IU every 8–12hrs thereafter for 7 days or until the patient is fully ambulatory, whichever is longer.
			Prophylaxis and treatment of PE	<i>See full labeling.</i> Individualize based on lab results and disease.

(continued)

THROMBOEMBOLIC DISORDER TREATMENTS: DVT/PE (Part 2 of 2)

Generic	Brand	Form	Indication	Adult Dose
Low Molecular Weight Heparins				
dalteparin	Fragmin	inj	DVT prophylaxis—abdominal surgery	2500 IU SC once daily 1–2hrs before surgery and repeated once daily postoperatively. <i>High risk:</i> 5000 IU SC evening before surgery then once daily after surgery OR 2500 IU SC 1–2hrs before surgery followed by 2500 IU SC 12hrs later, then 5000 IU SC once daily. <i>Usual duration of administration:</i> 5–10 days.
			DVT prophylaxis—hip replacement	<i>Post-op start:</i> 2500 IU SC 4–8hrs after surgery, then 5000 IU SC once daily. <i>Pre-op (day of surgery):</i> 2500 IU SC 2hrs before surgery, followed by 2500 IU SC 4–8hrs after surgery, then 5000 IU SC once daily. <i>Pre-op (evening before surgery):</i> 5000 IU SC 10–14hrs before surgery, followed by 5000 IU SC 4–8hrs after surgery, then 5000 IU once daily. <i>Usual duration of administration:</i> 5–10 days after surgery.
			DVT prophylaxis—medical patients	5000 IU SC once daily (usually for 12–14 days).
			Extended treatment of symptomatic VTE (proximal DVT/PE), to reduce the recurrence of VTE in cancer patients	200 IU/kg SC once daily for 1mo, then 150 IU/kg SC once daily for 2–6mos; max 18,000 IU/day
enoxaparin	Lovenox	inj	DVT prophylaxis—abdominal surgery	40mg SC once daily 2hrs pre-op for 7–10 days; max 12 days
			DVT prophylaxis—hip replacement	30mg SC every 12hrs starting 12–24hrs post-op, or 40mg SC once daily starting 9–15hrs pre-op, for 7–10 days, then 40mg SC once daily for 3wks
			DVT prophylaxis—knee replacement	30mg SC every 12hrs starting 12–24hrs post-op for 7–10 days; max 14 days
			DVT prophylaxis—medical patients	40mg SC once daily 6–11 days, max 14 days
			Acute DVT with or without PE (<i>inpatient</i>) Acute DVT without PE (<i>outpatient</i>)	<i>Inpatient:</i> 1mg/kg SC every 12hrs or 1.5mg/kg SC once daily for up to 17 days with warfarin; start warfarin within 72hrs. <i>Outpatient:</i> 1mg/kg SC every 12hrs for up to 17 days; with warfarin; start warfarin within 72hrs.

THROMBOLYTICS

Tissue Plasminogen Activators (tPA)

alteplase	Activase	inj	Treatment of acute massive PE for lysis	100mg IV infusion over 2hrs. May use heparin after infusion.
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NOTES

Key: DVT = deep vein thrombosis; PE = pulmonary embolism; VTE = venous thromboembolism

Not an inclusive list of medications, official indications, and/or dosing details.

Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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