

DEEP VEIN THROMBOSIS

Health Care Providers (HCPs)

Anticoagulant Prescription Details

| Single-Drug Therapy Options | |
|---|--|
| <p>Apixaban</p> <p>Apixaban 5mg tablets SIG: two tablets BID for 7 days, then one tablet (5 mg) PO BID thereafter</p> <ul style="list-style-type: none"> → Dispense 74 tablets for first 30 days → Dispense 60 tablets each subsequent month (at least 2 more months) | <p>Rivaroxaban</p> <p>Rivaroxaban “Starter Pack” Sig: Take as directed by starter pack Starter pack provides a 30-day supply</p> <ul style="list-style-type: none"> → 15 mg PO BID with food (42 tablets) for the first 21 days → 20 mg PO daily with food (9 tablets) for days 22-30 <p>Dispense 30 tablets of 20 mg each subsequent month (at least 2 more months)</p> <p>Avoid use if CrCL <<30 mL/min</p> <p>If starter pack is unavailable: Write for Rivaroxaban as indicated above</p> |
| Prescription Assistance | |
| <p>Apixaban (bmspaf.org and eliquis.bmscustomerconnect.com)</p> <ul style="list-style-type: none"> → Non-Medicare Part D patients with low income → Copay Card for non-government insurance → 30-day trial for all patients | <p>Rivaroxaban (www.janssenprescriptionassistance.com)</p> <ul style="list-style-type: none"> → Co-pay assistance (for non-Medicare/non-Medicaid) → 30-day trial card for all patients → Johnson & Johnson Patient Assistance Foundation → State-sponsored Programs → Medicare Part D Low-Income Subsidy |

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Anticoagulant Prescription Details (cont.)

| Two-Drug (LMWH Bridging) Therapy Options | | | |
|---|---|--|---|
| LMWH | Warfarin | Dabigatran | Edoxaban |
| <p>LMWH 1.5 mg/kg dosing subcutaneously daily (or 1 mg/kg twice daily)</p> <ul style="list-style-type: none"> a. Starter therapy for ALL two-drug options b. LMWH 1mg/kg dosing subcutaneously daily if CrCl<30 mL/min c. Do not use LMWH if patient is on hemodialysis | <p>Warfarin 5 mg daily – start on day 1</p> <ul style="list-style-type: none"> a. Do not use if pregnant b. Supply enough for at least 3 months | <p>Dabigatran 150 mg tablet twice daily starting after 5-10 days of LMWH</p> <ul style="list-style-type: none"> a. Dispense 60 tablet per month (at least 3 months) b. Do not use if Cockcroft-Gault CrCl<30 mL/min c. Fondaparinux can be used in place of LMWH | <p>Edoxaban 60 mg tablet daily after 5-10 days of LMWH</p> <ul style="list-style-type: none"> a. Dispense 30 tablets per month (at least 3 months) b. Reduce edoxaban dose to 30 mg daily if Cockcroft-Gault CrCl 15-50 mL/min or weight ≤60 kg or use of strong P-gp inhibitor c. Fondaparinux can be used in place of LMWH |
| | | <p>Dabigatran (www.pradaxa.com/savings)</p> <ul style="list-style-type: none"> → Commercial insurance may save up to \$2,400 over one year → 30-day trial for all patients | <p>Edoxaban (www.savaysa.com/support-plus-program.html)</p> <ul style="list-style-type: none"> → \$4 for 30-days, or \$12 for 90-days of medication → Not valid for Medicare Part D and Medicaid patients |

References: FDA prescribing information (www.fda.gov)