

**Recommendations for Chronic Oral Antithrombotic Therapy**  
**II.E.13.01(y)**

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From Antithrombotic Therapy for Atrial Fibrillation, CHEST Guideline & Expert Panel Report. Chest. 2018; 154(5):1121-1201.  
Antithrombotic Therapy & Prevention of Thrombosis, 9<sup>th</sup> Ed, American College of Chest Physicians Evidence Based Clinical Practice Guidelines. Chest. 2012; 141(suppl 2):1-801.

Antithrombotic Therapy for VTE Disease: CHEST Guideline & Expert Panel Report. Chest. 2016; 149(2):315-352.

Indication	Recommendation	Duration	Comment
<b>Atrial Fibrillation</b>			
CHA <sub>2</sub> DS <sub>2</sub> -VASc = 0 (male) CHA <sub>2</sub> DS <sub>2</sub> -VASc = 0 (female)	No antithrombotic therapy	N/A	
CHA <sub>2</sub> DS <sub>2</sub> -VASc ≥ 1 (male) CHA <sub>2</sub> DS <sub>2</sub> -VASc ≥ 2 (female)	DOAC or warfarin (INR 2-3)	Chronic	
With mitral stenosis or prosthetic heart valve	Warfarin (INR 2-3 or higher valve-specific goal)	Chronic	
Pre-cardioversion (AF>48hrs)	DOAC or warfarin (INR 2-3)	≥3 weeks	
Post-cardioversion (in NSR)	DOAC or warfarin (INR 2-3)	≥4 weeks	
<b>Left Ventricular Dysfunction</b>			
No CAD/no LV thrombus	No antithrombotic therapy		Warfarin (INR 2-3) considered by some patients
No CAD/(+) LV thrombus	Warfarin (INR 2-3)	≥3 months	
<b>Peripheral Arterial Disease</b>			
Asymptomatic disease	ASA 81mg daily	Chronic	
Symptomatic disease	ASA 81mg or clopidogrel	Chronic	Do NOT use DAPT (or SAPT if on anticoagulation for another reason)
s/p angioplasty (+/-) stenting	clopidogrel (+/-) ASA 81mg	Chronic	Per Cardiology
Asymptomatic carotid stenosis	ASA 81mg daily	Chronic	
Symptomatic carotid stenosis	Antiplatelet therapy	Chronic	Clopidogrel 75mg **or** ASA/dipyridamole over ASA 81mg
<b>Thromboembolism (UE DVT/LE DVT/PE)</b> Warfarin with concurrent UFH/LMWH/fondaparinux for at least 5 days & until INR>2 With compression stockings as needed for symptomatic management			
Superficial thrombophlebitis	Prophylactic dose (DOAC **or** LMWH)	6 weeks	
Provoked	DOAC or warfarin (INR 2-3)	3-6 months	DOAC recommended over VKA
Unprovoked/1 <sup>st</sup> Event			
Low/moderate bleeding risk	DOAC or warfarin (INR 2-3)	≥3 months	DOAC recommended over VKA
High bleeding risk	DOAC or warfarin (INR 2-3)	3 months	Evaluate risk factors
Unprovoked/recurrent event			
Low/moderate bleeding risk	DOAC or warfarin (INR 2-3)	≥3 months	DOAC recommended over VKA
High bleeding risk	DOAC or warfarin (INR 2-3)	3 months	
Cancer-associated	Anticoagulation	Chronic	LMWH, followed by chronic anticoagulation [warfarin (INR 2-3) **or** DOAC **or** LMWH]
<b>Central line associated UE DVT</b> Do NOT remove line if it is functional & necessary Same duration of therapy regardless of use of thrombolysis			
Line removed	Anticoagulation	3 months	Same duration for cancer & non-cancer patients
Line NOT removed	Anticoagulation	≥3 months	Minimum 3 months & continue until line removed
<b>Portal/mesenteric/splenic/hepatic vein thrombosis</b>			
Transient risk factors	Anticoagulation	3-6 months	LMWH preferred over warfarin (INR 2-3) for cancer-associated events or if hepatic insufficiency is present
Persistent risk factors	Anticoagulation	≥3 months	
<b>Cerebral venous sinus thrombosis</b>			
Transient risk factors	Warfarin (INR 2-3)	3-6 months	
Persistent risk factors	Warfarin (INR 2-3)	Chronic	



From 2017 AHA/ACC focused update of the 2014 AHA/ACC guideline for the management of patients with valvular heart disease.  
 A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J AM Coll Cardiol. 2017; 70(2):252-289.

Valvular Heart Disease Guidelines			
Indication	Recommendation	Duration	Comment
<b>Valvular Atrial Fibrillation</b>			
<i>with rheumatic mitral stenosis</i>	warfarin (INR 2-3)	chronic	
<i>with aortic valve disease and CHA<sub>2</sub>DS<sub>2</sub>-VASc ≥ 2</i>	warfarin (INR 2-3) or DOAC	chronic	
<i>with tricuspid valve disease and CHA<sub>2</sub>DS<sub>2</sub>-VASc ≥ 2</i>	warfarin (INR 2-3) or DOAC	chronic	
<i>with mitral regurgitation and CHA<sub>2</sub>DS<sub>2</sub>-VASc ≥ 2</i>	warfarin (INR 2-3) or DOAC	chronic	
<b>Valve Replacement--Bioprosthetic</b>			
Mitral			
<i>1<sup>st</sup> 3-6 months/NSR</i>	warfarin (INR 2-3)	3-6 months	Plus ASA 81mg daily
<i>after 3-6 months/NSR</i>	antiplatelet therapy	chronic	ASA 81mg daily
Aortic			
<i>1<sup>st</sup> 3-6 months/NSR</i>	warfarin (INR 2-3)	3-6 months	Plus ASA 81mg daily
<i>after 3-6 months/NSR</i>	antiplatelet therapy	chronic	ASA 81mg daily
<b>Valve Replacement—Mechanical</b>			
Mitral	warfarin (INR 2.5-3.5)	chronic	Plus ASA 81mg daily
Aortic			
<i>On-X valve</i>	warfarin (INR 2-3)	chronic	Plus ASA 81mg daily
<i>On-X valve, after 3 month &amp; with NO risk factors for thromboembolism</i>	warfarin (INR 1.5-2)	chronic	Plus ASA 81mg daily
<i>Bileaflet or current generation tilting disk with NO risk factors for thromboembolism</i>	warfarin (INR 2-3)	chronic	Plus ASA 81mg daily
<i>With risk factors for thromboembolism (AF, previous thromboembolism, LV dysfunction, hypercoagulable condition)</i>	warfarin (INR 2.5-3.5)	chronic	Plus ASA 81mg daily
<i>Older generation (eg, ball-in-cage)</i>	warfarin (INR 2.5-3.5)	chronic	Plus ASA 81mg daily
Aortic + Mitral	warfarin (INR 2.5-3.5)	chronic	Plus ASA 81mg daily

**Abbreviations:** ASA (aspirin), DOAC (direct oral anticoagulant), LMWH (low molecular weight heparin), UFH (unfractionated heparin), DAPT (dual antiplatelet therapy), SAPT (single antiplatelet therapy), UE (upper extremity), LE (lower extremity), DVT (deep vein thrombosis), PE (pulmonary embolism), CAD (coronary artery disease), LV (left ventricular), AF (atrial fibrillation), NSR (normal sinus rhythm), INR (International normalized ratio),  
 CHA<sub>2</sub>DS<sub>2</sub>-VASC: congestive heart failure (1 point), hypertension (1 point), age ≥75yrs (2 points), diabetes mellitus (1 point), prior stroke/TIA/ thromboembolism (2 points), vascular disease (peripheral artery disease, myocardial infarction, or aortic plaque) (1 point), age 65-74yrs (1 point), sex category female (1 point).

**References:**

University of Washington Anticoagulation Services online:  
<http://depts.washington.edu/anticoag/home/sites/default/files/RECOMMENDATIONS%20FOR%20CHRONIC%20ANTITHROMBOTIC%20THERAPY%20September%202019.pdf>

**Additional MNMC Resources:**

1. See applicable links in Anticoagulation Safety Program NPSG.03.05.01 <http://portal/content/135674>
  - a. Anticoagulant Usage Guidelines, DOAC Dosing and Interactions

Signed by:

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