

BC COVID THERAPEUTICS

Memorandum

Date: April 16th 2021

To: BC Clinicians admitting COVID19 patients

From: BC COVID-19 Therapeutics Committee (CTC)

Re: **Therapeutic Anticoagulation for Severely Ill COVID19 patients**

On April 16th, 2021, the CTC acquired pre-print data of the ATTACC, REMAP-CAP and ACTIV-4a mpRCT. Even though the study has not been officially published in a peer-reviewed journal, the BC COVID-19 Therapeutics Committee (CTC) has conducted an expedited review in order to provide appropriate guidance to prescribing clinicians. Based on these findings, the CTC recommends the following and will make updates as new data become available.

Recommendation:

For Severely Ill COVID-19 Hospitalized Patients **NOT** requiring organ support (defined as high flow oxygen, vasopressor support, invasive or noninvasive ventilation).

BC COVID-19 Therapeutics Committee (CTC) suggests the initiation of therapeutic anticoagulation (LMWH preferred) in patients without high risk features for serious bleeding and NOT requiring organ support (defined as high flow oxygen, vasopressor support, invasive or noninvasive ventilation). Therapeutic anticoagulation should start within 72 hours of admission and be continued for 14 days or until hospital discharge, even if there is deterioration requiring organ support during this period. Therapeutic anticoagulation was superior to usual care (intermediate or prophylactic intensity) in reducing mechanical ventilation and all-cause mortality (n=2221). High risk features for bleeding include age>75y; creatinine clearance<30 mL/min; any coagulopathy; platelet count<50 x 10⁹/L; use of DAPT; recent history of serious GI bleed or recent intracranial condition (stroke; neurosurgery; aneurysm; cancer). This recommendation is based on preprint data awaiting peer review (ATTACC, REMAP-CAP and ACTIV-4a mpRCT).