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### IN BRIEF

#### Apixaban vs Rivaroxaban for Acute VTE

The direct oral anticoagulants (DOACs) apixaban (*Eliquis*) and rivaroxaban (*Xarelto*, and generics) are frequently used for treatment of acute venous thromboembolism (VTE) and are usually continued for at least 3 months.<sup>1</sup> The other DOACs (edoxaban [*Savaysa*] and dabigatran [*Pradaxa*, and generics]) are alternatives for long-term treatment, but they require prior treatment with low-molecular-weight heparin for  $\geq 5$  days.<sup>2</sup> Until recently, no large randomized trial directly comparing the safety of apixaban and rivaroxaban for treatment of VTE was available.

**HEAD-TO-HEAD TRIAL** — In a prospective, open-label, blinded-outcome trial (COBRRA), 2760 patients with acute symptomatic pulmonary embolism or proximal deep-vein thrombosis were randomized to receive 3 months' treatment with apixaban (10 mg twice daily for 7 days, then 5 mg twice daily) or rivaroxaban (15 mg twice daily for 21 days, then 20 mg once daily). The incidence of clinically relevant bleeding (major or clinically relevant nonmajor bleeding), the primary endpoint, was significantly lower with apixaban than with rivaroxaban (3.3% vs 7.1%, RR 0.46 [95% CI 0.33-0.65]). Major bleeding occurred in 0.4% of patients taking apixaban and in 2.4% of those taking rivaroxaban (RR 0.16 [95% CI 0.06-0.40]) and clinically relevant nonmajor bleeding occurred in 2.9% of patients taking apixaban and in 4.9% of those taking rivaroxaban (RR 0.59 [95% CI 0.40-0.86]). The authors state that most bleeding events with rivaroxaban occurred during the initial higher-dose phase. Rates of recurrent symptomatic VTE were similar in the two groups (1.1% with apixaban vs 1.0% with rivaroxaban (RR 1.08 [95% CI 0.52-2.23]). Mortality rates in both groups were low (<0.5% of patients); no deaths related to bleeding or recurrent VTE were reported.<sup>3</sup>

**CONCLUSION** — At the FDA-approved dosages that were studied in the COBRRA trial, apixaban appears to be safer than rivaroxaban for treatment of acute VTE. ■

1. Drugs for treatment and prevention of venous thromboembolism. *Med Lett Drugs Ther* 2022; 64:113.
2. MA Creager et al. 2026 AHA/ACC/ACCP/ACEP/CHEST/SCAI/SHM/SIR/SVM/SVN guideline for the evaluation and management of acute pulmonary embolism in adults: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation* 2026; 153:e977.
3. LA Castellucci et al. Bleeding risk with apixaban vs. rivaroxaban in acute venous thromboembolism. *N Engl J Med* 2026; 394:1051.

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