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Waitemata District Health Board
Best Care for Everyone

RIVAROXABAN – SAFE PRESCRIBING - BE BLEEDING CAREFUL

- CHECK AND MONITOR RENAL AND HEPATIC FUNCTION
- DO NOT USE DURING PREGNANCY
- ASSESS AND INFORM PATIENTS ABOUT BLEEDING RISK
- MAKE SURE PATIENTS KNOW ABOUT SAFE STORAGE AND ADMINISTRATION

Rivaroxaban is indicated for the prophylaxis of venous thromboembolism (VTE) following elective hip or knee replacement surgery, and for the prophylaxis of recurrent deep vein thrombosis (DVT) and recurrent pulmonary embolism (PE). It is also indicated for the prophylaxis of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF) who are considered high-risk. There is currently no data to support rivaroxaban in patients with prosthetic valves.

CHECK AND MONITOR RENAL AND HEPATIC FUNCTION

Before initiating treatment, check renal and hepatic function. Rivaroxaban is contraindicated in patients with severe renal impairment (creatinine clearance (CrCl) less than 15mL/min) and for those with moderate to severe hepatic impairment.

Renal impairment

For patients with CrCl less than 30mL/min, alternate agents should be considered due to an increased risk of bleeding.

Dose adjustments may be required for patients with moderate renal impairment (CrCl 30-49mL/min). Ensure such patients are aware of the increased risk of bleeding, and to seek medical care if bleeding occurs.

Table 1. Recommended doses of rivaroxaban

Creatinine clearance and indication	VTE prevention (THJR and TKJR)*	Stroke prevention in non-valvular AF	DVT treatment; prevention of recurrent DVT and PE
> 50mL/min	10mg daily	20mg daily	15mg twice daily for three weeks, then 20mg once daily
30-49mL/min		15mg daily	
15-29mL/min	10mg daily (with caution)	Contraindicated	
< 15mL/min	Contraindicated		

* Total Hip Joint Replacement – recommended duration of treatment is 5 weeks, starting 6-10 hours after surgery

* Total Knee Joint Replacement – recommended duration of treatment is 2 weeks, starting 6-10 hours after surgery

Hepatic impairment

For patients with moderate to severe hepatic impairment (Child-Pugh** B and C), rivaroxaban is contraindicated due to an increased bleeding risk.

**see the full version on www.saferx.co.nz for explanation

DO NOT USE DURING PREGNANCY

Rivaroxaban should not be used during pregnancy. Inform women of childbearing potential that effective contraception should be used. Rivaroxaban is also contraindicated during breastfeeding.

ASSESS AND INFORM PATIENTS ABOUT BLEEDING RISK

Patients should inform their doctor if they experience any nose bleeds, blood in the urine or stools, or cough up blood. It is generally advisable to delay further doses until they have been assessed.

Patients should let their dentist know they are taking an anticoagulant; if an invasive procedure or surgical intervention is required, rivaroxaban may need to be withheld.

Rivaroxaban should not be prescribed to patients with active bleeding, or to those at risk of bleeding (eg recent gastro-intestinal ulcer, oesophageal varices, or following recent brain, spinal or ophthalmic surgery).

The bleeding risk is increased when rivaroxaban is used concomitantly with other anticoagulants. For patients taking antiplatelet therapy (eg clopidogrel, aspirin), a careful risk-benefit assessment should be performed. Special care is advised if anticoagulated patients are treated with NSAIDs.

Medicines that can increase rivaroxaban plasma concentrations include itraconazole and ritonavir. Some anticonvulsants (eg phenytoin, carbamazepine) and St John's Wort may decrease the anticoagulant effect of rivaroxaban.

➥ continued

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MAKE SURE PATIENTS KNOW ABOUT SAFE STORAGE AND ADMINISTRATION

Overdose or unintended use of anticoagulants can lead to fatal haemorrhagic complications. The effect of rivaroxaban is irreversible and a specific antidote is not available. Vitamin K does not affect the anticoagulant activity of rivaroxaban; rivaroxaban cannot be removed by dialysis. For these reasons, it is important that rivaroxaban is kept out of reach and out of sight of children, and it must not be shared with others.

There are benefits with novel oral anticoagulants such as rivaroxaban. Compared with warfarin they do not require monitoring, and interact with few foods and medicines, however, adherence cannot be easily measured.

Switching to rivaroxaban

If the patient is already taking warfarin or another vitamin K antagonist, it should be stopped, and rivaroxaban should only be started once the INR is below 2.5 (or 3, depending on the indication). Refer to the data sheet for more detailed information about switching between anticoagulants.

Note: INR is only validated for vitamin K antagonists (eg warfarin) and cannot be used for novel oral anticoagulants such as rivaroxaban.

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KEY REFERENCES

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CLICK HERE FOR FURTHER INFORMATION ON RIVAROXABAN AND A FULL REFERENCE LIST

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