

Rivaroxaban for Atrial Fibrillation – Initiation Checklist (primary care only)

For cautions, contra-indications and interactions refer to SPCs– [rivaroxaban 15mg](#) and [rivaroxaban 20mg](#)

[NICE TA 256](#) - Rivaroxaban for prevention of stroke and systemic embolism in people with atrial fibrillation

Refer to: [Wirral Oral Anticoagulant Guidelines](#)

Patient details:

Name: _____ DOB: _____

Weight: _____ SrCr: _____

Creatinine Clearance Calculation (CrCl): Calculation of CrCl using Cockcroft and Gault equation** or [a reputable online CrCl calculator](#).

$$\frac{(140 - \text{Age} \dots\dots) \times \text{Weight} \times \dots\dots \times \text{CONSTANT} \dots\dots}{\text{Serum creatinine (micromol/L)} \dots\dots\dots} = \dots\dots \text{ml/min}$$

* Female use actual body weight if ≤ 60kg, if > 60kg use 60kg. Male use actual body weight if ≤ 70kg, if > 70kg use 70kg.

CONSTANT

Male = 1.23

Female = 1.04

**Cockcroft and Gault does not apply to all patients. Exclusion criteria include: unstable serum creatinine, pregnancy, malnutrition, amputation and dialysis

Renal Function:

Patient's CrCl is greater than 50mls/min (prescribe standard dose of 20mg daily)

Patient's CrCl is between 15-49mls/min (use with caution at reduced dose 15mg daily)

Patient's CrCl is less than 15mls/min (**rivaroxaban contra-indicated**)

Indication for rivaroxaban as per [NICE TA 256](#):

Patient has nonvalvular AF with one or more of the following risk factors:

- Congestive heart failure
- Hypertension
- Diabetes
- ≥75 years old
- Prior stroke or TIA

Baseline checks to be undertaken – aPTT, INR, Hb, U&Es and LFTs

Consider contraindications, cautions and interacting drugs using references at the top of the page.

Initiation dose of rivaroxaban is:

Standard dose 20mg daily

or

Reduced dose 15mg daily

Reason for reduced dose:

1. CrCl 15-49mls/min

Patient has been counselled, given a rivaroxaban alert card and [patient information leaflet](#)

Patient understands the risk/benefits of rivaroxaban, that therapy is long term and understands that there is currently no antidote for potential bleeding risk

Prescriber's Signature: _____

Date: _____

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Adapted from WUTH initiation checklists

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