

Rivaroxaban for treatment and/or prevention of recurrence of VTE/PE (excluding prevention of VTE after hip or knee replacement) – Initiation Checklist (primary care only)

For cautions, contra-indications and interactions refer to SPCs – [rivaroxaban 10mg](#), [rivaroxaban 15mg](#) and [rivaroxaban 20mg](#)

[NICE TA 287](#) - Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism

[NICE TA 261](#) - Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism

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. Please use information in the [NW Coast Strategic Network Consensus Guidance](#)

Renal Function:

Patient's CrCl is greater than 50mls/min (**standard dose**)

Patient's CrCl is between 15-49mls/min (**consideration of reduced dose**)

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

Indication for rivaroxaban as per marketing authorisation (treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults) and [NICE TA261](#) and [NICE TA287](#)

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.

The recommended dose for the initial treatment of acute DVT or PE:

	Dosing schedule	Maximum daily dose
Day 1-21	15 mg twice daily	30 mg
Day 22 and onwards	20 mg once daily	20 mg

Reduced dose

- CrCl is between 15-49ml/min.** 15 mg twice daily for the first 3 weeks. Thereafter, the recommended dose is 20 mg once daily. A reduction of the dose from 20 mg once daily to 15 mg once daily should be considered if the patient's assessed risk for bleeding outweighs the risk for recurrent DVT and PE.

Duration of therapy should be individualised after careful assessment of the treatment benefit against the risk for bleeding. Short duration of therapy (at least 3 months) should be based on transient risk factors (e.g. recent surgery, trauma, immobilisation) and longer durations should be based on permanent risk factors or idiopathic DVT or PE.

Patient has been counselled, given a rivaroxaban alert card and pharmaceutical company patient information leaflet

Patient understands the risk/benefits of rivaroxaban and that therapy is long term.

Prescriber's Signature: _____

Date: _____