# **Manitoba Exception Drug Status Request Form**



## FAX: (204) 942-2030 or 1-877-208-3588

Xarelto® (rivaroxaban) 2.5 mg will be considered for coverage under the Exception Drug Status (EDS) program in combination with acetylsalicylic acid (ASA; 75 mg to 100 mg) for the prevention of stroke, myocardial infarction, and cardiovascular death, and for the prevention

of acute limb ischemia and mortality in patients with concomitant coronary artery disease (CAD) and peripheral artery disease (PAD). Patients must meet the criteria described on this form.		
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Fax Number:		
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Patient First Name:
Patient Last Name:
Manitoba Health Registration Number (MHRN):
Personal Health Information Number (PHIN):
Date of Birth:

### 3. MEDICATION INFORMATION

Xarelto® (rivaroxaban) 2.5 mg		
DIN: 02480808		
Dosage Form: Tablet		
Expected Dosing: Twice daily, in combination with acetylsalicylic acid (ASA; 75 mg to 100 mg) once daily		
Expected Therapy Duration:		
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Prescriber Signature:	Date (mm/dd/year):	

#### 4. MEDICATION JUSTIFICATION

Xarelto® 2.5 mg is requested for the prevention of stroke, myocardial infarction, and cardiovascular death, and for the prevention of acute limb ischemia and mortality in this patient with concomitant coronary artery disease (CAD) and peripheral artery disease (PAD), in whom the following conditions are met:

Patient's CAD is	defined by one or more of the following:
myocardial infa	arction within the last 20 years
coronary arteri	ronary disease (i.e., stenosis of ≥50% in two or more es, or in one coronary territory if at least one other een revascularized) with symptoms or history of stable gina
multi-vessel pe	rcutaneous coronary intervention
multi-vessel co	ronary artery bypass graft surgery
AND patient meet	s at least one of the following criteria:
aged 65 years	or older, or
revascularization other vascular) diabetes mellit	than 65 years with documented atherosclerosis or on involving at least two vascular beds (coronary and or at least two additional risk factors (current smoker, us, estimated glomerular filtration rate <60 mL/min, on-lacunar ischemic stroke 1 month or more ago).
Patient's PAD is o	defined by one or more of the following:
	-femoral bypass surgery, limb bypass surgery, or transluminal angioplasty revascularization of the iliac I arteries
previous limb o	or foot amputation for arterial vascular disease
history of inter	mittent claudication and one or more of the following:
an ank	lebrachial index less than 0.90, or
	ant peripheral artery stenosis (≥50%) documented iography or by duplex ultrasound
	d revascularization or asymptomatic carotid artery or than or equal to 50%, as diagnosed by duplex angiography.
	NAL CRITERIA OR CLINICAL
INFORMA	
Xarelto® 2.5 mg sł	nould not be reimbursed for patients who have CAD

or PAD alone or in patients with any one of the following characteristics: at high risk of bleeding a history of stroke within one month of treatment initiation or any history of hemorrhagic or lacunar stroke severe heart failure with a known ejection fraction less than 30% or New York Heart Association class III or IV symptoms an estimated glomerular filtration rate less than 15 mL/min require dual antiplatelet therapy, other non-ASA antiplatelet therapy, or oral anticoagulant therapy.

For EDS Office:

# Fax the completed form to (204) 942-2030 or 1-877-208-3588

PXarelto® (rivaroxaban) film-coated tablet (2.5 mg), in combination with 75 mg-100 mg acetylsalicylic acid (ASA), is indicated for the prevention of stroke, myocardial infarction and cardiovascular death, and for the prevention of acute limb ischemia and mortality in patients with coronary artery disease (CAD) with or without peripheral artery disease (PAD). Consult the Xarelto® Product Monograph at https://www.bayer.ca/omr/online/xarelto-pm-en.pdf for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and

conditions of clinical use. The Product Monograph is also available by calling 1-800-265-7382.





