

Xarelto®
Quick Dosing Guide

(selected indications)

PrXarelto® (rivaroxaban) film-coated tablet (10 mg, 15 mg, 20 mg) is indicated for the

- prevention of stroke and systemic embolism in patients with atrial fibrillation, in whom anticoagulation is appropriate.
- treatment of venous thromboembolic events (deep vein thrombosis [DVT], pulmonary embolism [PE]) and prevention of recurrent DVT and PE.
- prevention of venous thromboembolic events (VTE) in patients who have undergone elective total hip replacement (THR) or total knee replacement (TKR) surgery.

Xarelto® film-coated tablet (2.5 mg), in combination with 75 mg-100 mg ASA, is indicated for the

- prevention of stroke, myocardial infarction (MI) and cardiovascular (CV) 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).

For the treatment of VTE, Xarelto® is **not** recommended as an alternative to unfractionated heparin in patients with acute pulmonary embolus who are hemodynamically unstable, or who may receive thrombolysis or pulmonary embolectomy, since the safety and efficacy of Xarelto® have not been established in these clinical situations.

Xarelto® is not recommended for use in children less than 18 years of age.

ASA: acetylsalicylic acid

Xarelto® rivaroxaban tablet

Xarelto® Quick Dosing Guide†‡

Prevention of Stroke and Systemic Embolism in Patients with AF in whom Anticoagulation Is Appropriate

Normal renal function or mild renal impairment

ONCE daily

CrCl >80 mL/min
CrCl 50-<80 mL/min

Xarelto® 20 mg OD

Moderate and severe renal impairment

ONCE daily

CrCl 30-<50 mL/min
CrCl 15-<30 mL/min
Use with caution

Xarelto® 15 mg OD

Xarelto® 15 mg and 20 mg should be taken with food.

Recommended dose for nonvalvular AF patients who undergo PCI with stent placement[1]

Reduce Xarelto® dose Add a $P2Y_{12}$ inhibitor Maximum of 12 months	Increase Xarelto® dose Remove antiplatelet Revert back to standard dose after completion of the antiplatelet therapy

After PCI

Xarelto® 15 mg OD¶ + $P2Y_{12}$ inhibitor

Xarelto® 20 mg OD

In patients with moderate renal impairment (CrCl 30-49 mL/min), the Xarelto® reduced dose should be 10 mg OD during concomitant treatment with $P2Y_{12}$ inhibitor and 15 mg OD after completion of antiplatelet therapy.

For more detailed information, please refer to the full Xarelto® Dosing Guide.

Treatment of VTE (DVT, PE) and Prevention of Recurrent DVT and PE

Initial treatment – day 1 to 21

TWICE daily

Xarelto® 15 mg BID

Continued treatment – from day 22§

ONCE daily

Xarelto® 20 mg OD

Prevention of recurrent DVT and PE – Following completion of at least 6 months of treatment

ONCE daily

Xarelto® 10 mg OD

Dose based upon individual risk/benefit assessment

ONCE daily

Xarelto® 20 mg OD

Xarelto® 10 mg tablets may be taken with or without food.

For the treatment of VTE, Xarelto® is **not** recommended as an alternative to unfractionated heparin in patients with acute pulmonary embolus who are hemodynamically unstable, or who may receive thrombolysis or pulmonary embolectomy, since the safety and efficacy of Xarelto® have not been established in these clinical situations.

AF: atrial fibrillation; CrCl: creatinine clearance; OD: once daily; VTE: venous thromboembolic events; DVT: deep vein thrombosis; PE: pulmonary embolism; BID: twice daily; MI: myocardial infarction; CV: cardiovascular; CAD: coronary artery disease; PAD: peripheral artery disease

Prevention of Stroke, MI and CV Death, and Prevention of Acute Limb Ischemia and Mortality in CAD Patients with or without PAD

Vascular protection regimen

TWICE daily

Xarelto® 2.5 mg BID

ASA 75-100 mg OD

Xarelto® 2.5 mg may be taken with or without food.

INDICATED IN **CAD** PATIENTS WITH OR WITHOUT **PAD**

Xarelto® 2.5 mg twice daily is not indicated in combination with dual antiplatelet therapy.

† Please consult the Product Monograph for complete dosing and administration instructions.

‡ Xarelto® should not be used in patients with CrCl <15 mL/min; use with caution in patients with CrCl 15-<30 mL/min and in patients with CrCl 30-<50 mL/min, especially in those concomitantly receiving other medicinal products that increase rivaroxaban plasma concentration. Physicians should consider the benefit/risk of anticoagulant therapy before administering Xarelto® to patients with moderate renal impairment having a creatinine clearance close to the severe renal impairment category (CrCl <30 mL/min), or in those with a potential to have deterioration of renal function to severe impairment during therapy. Patients who develop acute renal failure while on Xarelto® should discontinue such treatment.

§ The duration of therapy should be individualized after careful assessment of the treatment benefit against the risk of bleeding. Short duration of therapy (at least 3 months) should be based on transient risk factors (e.g., recent surgery, trauma, immobilization). Longer duration of therapy should be considered in patients with DVT or PE provoked by permanent risk factors, unprovoked DVT or PE, or a history of recurrent DVT or PE.

¶ In PCI patients with moderate renal impairment (CrCl 30-49 mL/min), the Xarelto® reduced dose should be 10 mg OD during concomitant treatment with $P2Y_{12}$ inhibitor and 15 mg OD after completion of antiplatelet therapy.

Xarelto® rivaroxaban tablet






Please consult the Xarelto® Product Monograph at 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.

Reference:

1. Xarelto® (rivaroxaban tablet) Product Monograph. Bayer Inc. September 20, 2019.

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