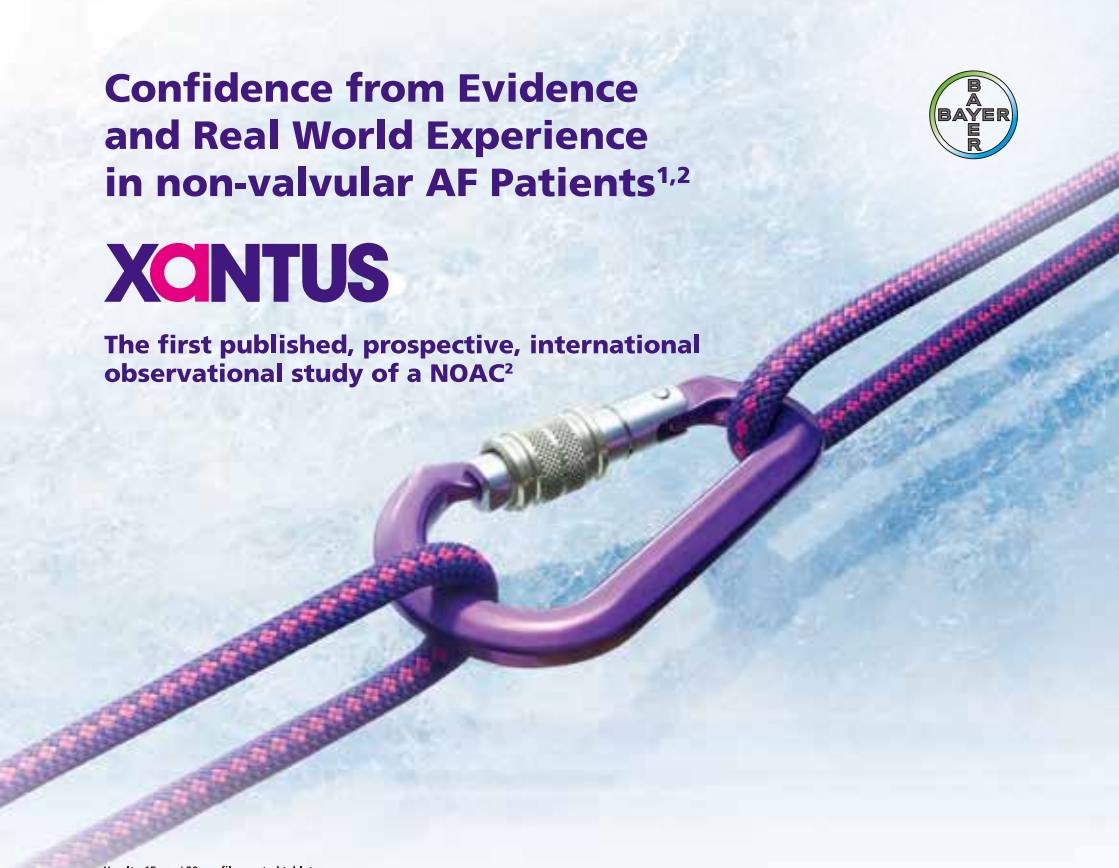
Confidence from Evidence and Real World Experience in non-valvular AF Patients[1,2]

XANTUS

The first published, prospective, international observational study of a NOAC[2]



Xarelto 15 mg / 20 mg film-coated tablets
Abbreviated Prescribing Information
(Please refer to the full prescribing information before prescribing)

Composition: Active ingredient: 15 mg / 20 mg rivaroxaban. Excipients: Microcrystalline cellulose, croscarmellose sodium, lactose monohydrate, hypromellose, sodium laurilsulfate, magnesium stearate, macrogol 3350, titanium dioxide (E171), iron oxide red (E172).

Indication: Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as congestive heart failure, hypertension, age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack. Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.

Posology:
Prevention of stroke and systemic embolism
Recommended dose is 20 mg once daily, which is also the recommended maximum dose.
Treatment of DVT, treatment of PE and prevention of recurrent DVT and PE
The recommended dose for the initial treatment of acute DVT or PE is 15 mg twice daily for the first three weeks followed by 20 mg once daily for the continued treatment and prevention of recurrent DVT and PE.

Renal impairment
No dose adjustment is necessary in patients with mild renal impairment (creatinine clearance 50 - 80 ml/min).
In patients with moderate (creatinine clearance 30 - 49 ml/min) or severe (creatinine clearance 15 - 29 ml/min) renal impairment the following dosage recommendations apply:

- For the prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation, the recommended dose is 15 mg once daily.
- For the treatment of DVT, treatment of PE and prevention of recurrent DVT and PE: Patients should be treated with 15 mg twice daily for the first 3 weeks. Thereafter, the recommended dose is 20 mg once daily.
- Limited clinical data for patients with severe renal impairment (creatinine clearance 15 - 29 ml/min) indicate that rivaroxaban plasma concentrations are significantly increased; therefore, Xarelto is to be used with caution in these patients.
- Use is not recommended in patients with creatinine clearance < 15 ml/min.

Hepatic impairment
Xarelto is contraindicated in patients with hepatic disease associated with coagulopathy and clinically relevant bleeding risk including cirrhotic patients with Child Pugh B and C.

AF: atrial fibrillation, NOAC: non-vitamin K antagonist oral anticoagulant

Contraindications: Hypersensitivity to the active substance or any of the excipients; clinically significant active bleeding; pregnancy and breast feeding.
Warnings and Precautions: Not recommended: in patients receiving concomitant systemic treatment with strong concurrent CYP3A4- and P-gp-inhibitors, i.e. azoleantimycotics or HIV protease inhibitors; in patients with severe renal impairment (creatinine clearance < 15 ml/min); in the treatment of acute pulmonary embolism; due to lack of data: in patients below 18 years of age, in patients with prosthetic heart valves, in patients concomitantly treated with dronedarone. Use with caution: in patients with severe renal impairment (creatinine clearance 15 – 29 ml/min) or with renal impairment concomitantly receiving other medicinal products which increase rivaroxaban plasma concentrations; in patients treated concomitantly with medicinal products affecting haemostasis or with strong CYP3A4 inducers; in patients with increased bleeding risk. In patients at risk of ulcerative gastrointestinal disease prophylactic treatment may be considered. Clinical surveillance in line with anticoagulation practice is recommended throughout the treatment period. There is no need for monitoring of coagulation parameters during treatment with rivaroxaban in clinical routine, if clinically indicated rivaroxaban levels can be measured by calibrated quantitative anti-Factor Xa tests. Specific dose recommendations apply for patients with moderate to severe renal impairment. Xarelto contains lactose.
Undesirable effects: Common: anaemia, dizziness, headache, syncope, eye haemorrhage, tachycardia, hypotension, haematoma, epistaxis, gastrointestinal tract haemorrhage, gastrointestinal and abdominal pains, dyspepsia, nausea, constipation, diarrhoea, vomiting, pruritus, rash, ecchymosis, pain in extremity, urogenital tract haemorrhage, fever, peripheral oedema, decreased general strength and energy, increase in transaminases, post-procedural haemorrhage, contusion, wound secretion. Uncommon: thrombocythemia, allergic reaction, dermatitis allergic, cerebral and intracranial haemorrhage, haemoptysis, dry mouth, hepatic function abnormal, urticaria, cutaneous and subcutaneous haemorrhage, haemarthrosis, renal impairment, feeling unwell, localised oedema. Increases in: bilirubin, blood alkaline phosphatase, LDH, lipase, amylase, GGT. Rare: jaundice, muscle haemorrhage, bilirubin conjugated increased. Frequency not known: pseudoaneurysm following percutaneous intervention, compartment syndrome or (acute) renal failure secondary to a bleeding.

References: 1. Patel M.R., Mahaffey K.W., Garg J. et al. Rivaroxaban versus warfarin in nonvalvular atrial fibrillation. N Engl J Med. 2011;365(10):883–891. **2.** Camm J., Amarenco P., Haas S. et al. XANTUS: A Real-World, Prospective, Observational Study of Patients Treated with Rivaroxaban for Stroke Prevention in Atrial Fibrillation. Eur Heart J. 2015;[ePub ahead of print].

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Xarelto® rivaroxaban