INDICATION: Prevention of thrombosis in patients with non-valvular atrial fibrillation

Initiation/Conversion criteria: Formulary rivaroxaban (Xarelto) will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List
- CHA2DS2-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation)
- Intolerance or contraindication to dabigatran (i.e. unable to swallow whole pills, history of gastrointestinal bleed with risk of recurrent bleeding, drug-drug interactions, or BMI greater than 40 or body weight greater than 120 kg)
- Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)
- Prescribed by or in consultation with hematology/oncology

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Formulary rivaroxaban (Xarelto) will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List
- CHA2DS2-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation)
- Intolerance or contraindication to dabigatran (i.e. unable to swallow whole pills, history of gastrointestinal bleed with risk of recurrent bleeding, drug-drug interactions, or BMI greater than 40 or body weight greater than 120 kg)
- Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)
- Prescribed by or in consultation with hematology/oncology

Note:
** FAST can provide temporary approval until records are available for new members to re-review
Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Rivaroxaban (Xarelto)

**INDICATION: Treatment of acute DVT or PE (DVT: deep vein thrombosis or PE: pulmonary embolism)**

Initiation/Conversion/New Member criteria: Formulary rivaroxaban (Xarelto) will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List

**INDICATION: Indefinite anticoagulation for reduction of venous thromboembolism recurrence**

Initiation/Conversion/New Member criteria: Formulary rivaroxaban (Xarelto) will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List
  - AND -
  - Intolerance or contraindication to dabigatran
  - OR -
  - Prescribed by or in consultation with hematology/oncology

**INDICATION: Prophylaxis (prevention) of venous thromboembolism (VTE: a blood clot in the vein) post-hip or knee replacement surgery**

Initiation/Conversion/New Member criteria: Formulary rivaroxaban (Xarelto) will be covered on the prescription drug benefit when the following criteria are met:

- Deep vein thrombosis (DVT) prevention in patients undergoing knee arthroplasty (up to 12 days) or hip arthroplasty (up to 35 days)

**INDICATION: Treatment of high-risk superficial thrombophlebitis/superficial vein thrombosis**

Initiation/Conversion/New Member criteria: Formulary rivaroxaban (Xarelto) will be covered on the prescription drug benefit when the following criteria are met:

- Treatment of high-risk superficial thrombophlebitis or superficial vein thrombosis for 45 days (rivaroxaban 10 mg x 45 days)