Rivaroxaban (XARELTO) LOW-DOSE (2.5 mg twice daily)
Criteria for Use in
Peripheral Arterial Disease (PAD)
June 2022

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph Addendum on this drug at the *PBM INTERnet* or *PBM INTRAnet* site for further information.

NOTE: This document provides clinical guidance for the use of LOW-DOSE (2.5 mg twice daily) rivaroxaban plus aspirin ONLY in the setting of PAD.

- **Additional PBM guidance is available for the use of rivaroxaban for its other indications (see https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx/):**
  - Direct Oral Anticoagulants (DOAC) CFU and Algorithm for Nonvalvular Atrial Fibrillation
  - DOAC CFU and Algorithm for VTE Treatment
  - DOAC CFU for VTE prophylaxis in Orthopedic Surgery
  - Rivaroxaban LOW-DOSE (2.5 mg twice daily) Chronic Coronary Artery Disease (CAD) CFU

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive LOW-DOSE (2.5 mg twice daily) rivaroxaban.

- ☐ Indication for therapeutic dose of an oral anticoagulant (e.g., atrial fibrillation, venous thromboembolism treatment, etc.)
- ☐ Indication for non-aspirin antiplatelet therapy including dual antiplatelet therapy (e.g., aspirin plus clopidogrel, ticagrelor, or prasugrel)*
- ☐ Recent stroke (within the past 30 days) or any history of hemorrhagic stroke
- ☐ Estimated glomerular filtration rate (eGFR) less than 15 ml/min
- ☐ Known hepatic disease associated with coagulopathy
- ☐ Concurrent use of combined P-glycoprotein and strong CYP3A4 inducers (e.g., rifampin, carbamazepine, phenytoin)
- ☐ Concurrent use of combined P-glycoprotein and strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, ritonavir and ritonavir combinations, cobicistat)
- ☐ Pregnancy
- ☐ Breastfeeding
- ☐ High risk of bleeding per clinician discretion**

*Concomitant clopidogrel may be used for a finite period of time (e.g., 30 days and up to 6 months) following a lower-extremity revascularization procedure based on the VOYAGER-PAD trial.

**There was a significantly higher risk of major bleeding with rivaroxaban plus aspirin vs. aspirin alone in a population of stable PAD patients not at a high risk of bleeding.

Inclusion Criteria

The answer to the following must be fulfilled in order to meet criteria

☐ Prescribed low dose aspirin (75 to 100 mg) once daily as indicated for use with rivaroxaban LOW-DOSE (2.5 mg twice daily)

Additional Inclusion Criteria

The answer to <u>one</u> of the following must be fulfilled in order to meet criteria

☐ Current or prior revascularization procedure for the treatment of PAD

☐ History of limb or foot amputation due to PAD

☐ Symptomatic PAD, including history of intermittent claudication or critical limb threatening ischemia with objective clinical confirmation (i.e., ankle-brachial index ratio measures, peripheral angiography)

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