InterfacePrescribing & NewTherapies Subgroup

GMMMG Greater Manchester Medicines Management Group

NHS

20th November 2012

Rivaroxaban (Xarelto®) for DVT

The Interface Prescribing & New Therapies Subgroup discussed the above drug at a meeting on the 20th November 2012. The recommendation of this subgroup is as follows:*

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the use of rivaroxaban for DVT.

The group recommends the use of rivaroxaban for DVT in line with the NICE TA as a first line choice oral anticoagulant for treatment of the first presentation of an uncomplicated, confirmed DVT for a maximum duration of 3-6 months.

Rivaroxaban should not be given for treatment of recurrent DVT or in patients with an eGFR<30mL/minute. Heparin plus warfarin remains the first line choice for these patients and other more complicated patients.

NB local DVT pathways will need to be updated and agreed before local practice can be changed.

Following confirmation of DVT, primary care will require information to confirm the ongoing dosage and duration of treatment. The initial supply of rivaroxaban may be issued from secondary care or by primary care according to local arrangements.

Rivaroxaban has been recommended by a NICE TA therefore it must be made available for those patients when the clinician concludes and the patient agrees that the recommended technology is the most appropriate to use, based on a discussion of all available treatments.

Review Date: Superseded by NICE TA

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.