Clinical Pharmacy Program Guidelines for Xarelto

<table>
<thead>
<tr>
<th>Program</th>
<th>Prior Authorization</th>
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<tbody>
<tr>
<td>Medication</td>
<td>Xarelto (rivaroxaban)</td>
</tr>
<tr>
<td>Markets in Scope</td>
<td>California, Florida-CHIP, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island</td>
</tr>
<tr>
<td>Issue Date</td>
<td>7/2018</td>
</tr>
<tr>
<td>Pharmacy and Therapeutics Approval Date</td>
<td>4/2019</td>
</tr>
<tr>
<td>Effective Date</td>
<td>6/2019</td>
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1. **Background:**

Xarelto is a factor Xa inhibitor indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation, for the treatment of deep vein thrombosis (DVT), for the treatment of pulmonary embolism (PE), for the reduction in the risk of recurrence of DVT and/or PE in patients at continued risk for recurrent DVT and/or PE after completion of initial treatment lasting at least 6 months, for the prophylaxis of DVT, which may lead to PE in patients undergoing knee or hip replacement surgery, and in combination with aspirin, to reduce the risk of major cardiovascular events (cardiovascular (CV) death, myocardial infarction (MI) and stroke) in patients with chronic coronary artery disease (CAD) or peripheral artery disease (PAD).

Xarelto contains a black boxed warning for spinal/epidural hematoma and premature discontinuation of Xarelto increasing the risk of thrombotic events. Please see full prescribing information for additional details.

2. **Coverage Criteria:**

A. **Continuation of Therapy Upon Hospital Discharge**

1. **Authorization**

   a. Xarelto will be approved as continuation of therapy upon hospital discharge

   **Authorization will be issued for 35 days.**

B. **Stroke Prevention in Patients with Non-Valvular Atrial Fibrillation (AF)**

1. **Authorization**
a. Diagnosis of atrial fibrillation (AF)

-AND-

b. Patient does not have an artificial heart valve

-AND-

c. **One** of the following:

   (1) History of failure, contraindication, or intolerance to **both** of the following:

   - Eliquis
   - Savaysa

-OR-

   (2) Continuation of prior Xarelto therapy

Authorization will be issued for 12 months.

C. **Prophylaxis of venous thromboembolism (VTE) after orthopedic surgery (hip replacement or knee replacement)**

1. **Authorization**

   a. **One** of the following:

      - Patient has or is scheduled to have total knee replacement surgery
      - Patient has or is scheduled to have total hip replacement surgery

Authorization will be issued for 35 days.

D. **Treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE)**

1. **Authorization**

   a. Diagnosis of **one** of the following:

      - Deep vein thrombosis (DVT)
      - Pulmonary embolism (PE)

-AND-
b. **One** of the following:

   (1) History of failure, contraindication, or intolerance to **both** of the following:

   - Eliquis
   - Savaysa

   -OR-

   (2) Continuation of prior Xarelto therapy

   **Authorization will be issued for 6 months.**

**E. Reduction in the risk of recurrence of deep vein thrombosis (DVT) and pulmonary embolism (PE)**

1. **Authorization**

   a. Previous diagnosis of **one** of the following:

   - Deep vein thrombosis (DVT)
   - Pulmonary embolism (PE)

   -AND-

   b. Patient must have been treated with an anticoagulant [e.g., warfarin, Eliquis (apixiban)] for at least 6 months prior to request

   -AND-

   c. **One** of the following:

      (1) History of failure, contraindication, or intolerance to Eliquis

      -OR-

      (2) Continuation of prior Xarelto therapy

   **Authorization will be issued for 12 months.**

**F. Reduction in the risk of major cardiovascular events (cardiovascular (CV) death, myocardial infarction (MI) and stroke) in patients with chronic coronary artery disease (CAD) or peripheral artery disease (PAD)**
1. **Authorization**

   a. Diagnosis of **one** of the following:
   
   - Chronic coronary artery disease (CAD)
   - Peripheral artery disease (PAD)
   
   -**AND**-
   
   b. Patient is on concurrent aspirin therapy.

   **Authorization will be issued for 12 months.**

3. **References**


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<thead>
<tr>
<th>Program</th>
<th>Prior Authorization – Xarelto (rivaroxaban)</th>
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<tbody>
<tr>
<td><strong>Change Control</strong></td>
<td></td>
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<tr>
<td>Date</td>
<td>Change</td>
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<tr>
<td>7/2018</td>
<td>New Program.</td>
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<tr>
<td>4/2019</td>
<td>Added new indication for use in combination with aspirin, to reduce the risk of major cardiovascular events (cardiovascular (CV) death, myocardial infarction (MI) and stroke) in patients with chronic coronary artery disease (CAD) or peripheral artery disease (PAD).</td>
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