Rivaroxaban for treatment of Cancer Associated Venous Thromboembolic Disease

Anticoagulation Prescribing Guidance

New Option for CAT management – Rivaroxaban (Xarelto) ¹

Initial treatment of DVT/PE
- 15mg twice daily for first 3 weeks (to be taken with food)

Secondary Prophylaxis
- 20mg Once daily (to be taken with food) for the continued treatment

Length of Anticoagulation
- For 3-6 months
- Beyond 6 months- treatment will need to be individualized (NICE, ASCO & ACCP guidelines)

Empirical dose reduction for Patients ≥ 75 years
- Initial treatment dose of 10 mg twice daily for 3 weeks followed by secondary thromboprophylaxis at 15 mg od

If a dose is missed during the 15 mg twice daily treatment phase (day 1 - 21) ⁴
- the patient should take Rivaroxaban immediately to ensure intake of 30 mg per day. In this case two 15 mg tablets may be taken at once.
- The patient should continue with the regular 15 mg twice daily intake as recommended on the following day.

If a dose is missed during the once daily treatment phase ⁴
- the patient should take Rivaroxaban immediately, and continue on the following day with the once daily intake as recommended.
- The dose should not be doubled within the same day to make up for a missed dose.

For patients who are unable to swallow whole tablets ⁴
- tablet may be crushed and mixed with water or apple puree immediately prior to use and administered orally.
- The crushed tablet may also be given through gastric tubes in a small amount of water.

Patient Choice
For patients that ordinarily Dalteparin would be safer but for particular reasons (e.g. needle phobia, patient choice-insistence etc. including a known contraindication to heparins) one can still consider Rivaroxaban after the patient is fully informed of the excess clinically relevant non major bleeding risk they are accepting.
### Contraindications

- Hypersensitivity
- Active clinically significant bleeding
- Lesions or condition considered to be a significant risk of major bleeding.
- Concomitant treatment with any other anticoagulants
- Hepatic disease associated with Coagulopathy and Child Pugh B and C
- Pregnancy and breast feeding

### Relative Contra-indications (Prefer Dalteparin over Rivaroxaban)

- Creatinine Clearance < 30ml/min (Using Cockroft-Gault equation)
- Liver function tests > 3 × Upper limit of normal
- Expected malabsorption at stomach or small bowel
- Active genitourinary (GU) or gastrointestinal (GI) lesions
- Untreated Primary Central Nervous System neoplasm
- A body weight <50 or >150 kg
- Use of any antiplatelet agent other than Aspirin 75 mg daily
- Any suspected significant drug interaction (that can cause increase/reduce anticoagulant effect).

### Special Populations:

**Renal impairment**

- No dose adjustment from the recommended dose 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: patients should be treated with 15 mg twice daily for the first 3 weeks. Thereafter 15 mg once daily should be considered.

**Thrombocytopenia**

- Consider dose reduction if Platelet count <50,000/mcL but ≥25,000/mcL
- Withheld for platelet count below 25,000/mcL

**Haemodynamically unstable PE patients or patients who require thrombolysis**

Rivaroxaban is not recommended
Monitoring of Patient Parameters

- Patients should be monitored for signs of bleeding or anemia; treatment should be stopped if severe bleeding occurs.
- No routine anticoagulant monitoring required (INR tests are unreliable)
- Clotting parameters (e.g. PT, aPTT) are affected
- If patient is deemed in need of monitoring anti-Xa activity can be requested (suggest discussion with hematologist)

Reference:
1. Young et al. Comparison of an Oral Factor Xa Inhibitor With Low Molecular Weight Heparin in Patients With Cancer With Venous Thromboembolism: Results of a Randomized Trial (SELECT-D)