Presentation: 2.5mg/10mg/15mg/20mg rivaroxaban tablet & 1mg/ml granules for oral suspension.

Indications: Xarelto® (rivaroxaban) 2.5, 10, 15 and 20 mg film-coated tablets

& 1mg/ml granules for oral suspension (Refer to full Summary of Product Characteristics (SmPC) before prescribing)

Presentation: 2.5mg/10mg/15mg/20mg rivaroxaban tablet & 1mg/ml granules for oral suspension.

Indications: (2) 2.5mg Xarelto, co-administered with acetylsalicylic acid (ASA) alone or with ASA plus clopidogrel or ticlopidine, is indicated for the prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers. Xarelto, co-administered with acetylsalicylic acid (ASA), is indicated for the prevention of atherothrombotic events in adult patients in whom the risk of recurrent DVT or PE is considered high, such as those with one or more risk factors such as congestive heart failure, hypertension, age ≥ 75, diabetes mellitus, prior stroke or transient ischaemic attack (SPAF).

Xarelto® is a trademark of the Bayer Group.

A specific reversal agent is available, refer to the SmPC for andexanet alfa.

Precautionary measures:

Xarelto® is indicated for the treatment of deep vein thrombosis (DVT) & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults (see W&P for haemodynamically unstable PE patients).

5/15mg Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery. Treatment of deep vein thrombosis (DVT) & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults

5/15mg Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.

10mg Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.

Treatment of deep vein thrombosis (DVT) & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults.

5/15mg Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.

10mg Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.

Presentation: 2.5mg – Oral b.i.d. dose, patients should also take a daily dose of 75 – 100 mg ASA or a daily dose of 75 – 100 mg ASA in addition to either a daily dose of 75mg clopidogrel or a standard daily dose of ticlopidine. Start Xarelto as soon as possible following a negative result of the platelet aggregometry test for ACS. Use of rescue ASA (at the discretion of at least 48 hours after admission & at discontinuation of parenteral anticoagulation. If dose is missed take next dose, do not double the dose.

10mg – hip or knee replacement surgery: Oral o.d. dose, initial dose taken to 6 hours after surgery provided haemostasis established. DVT & PE: When extended prevention of recurrent DVT or PE is required (following final dose at PCI for DVT or PE), the recommended dose is 10 mg o.d. in patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg o.d., a dose of Xarelto 20 mg o.d. should be considered.

2.5mg – Oral b.i.d. dose; initial dose taken to 6 hours after surgery provided haemostasis established. DVT & PE: When extended prevention of recurrent DVT or PE is required (following final dose at PCI for DVT or PE), the recommended dose is 10 mg o.d. in patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg o.d., a dose of Xarelto 20 mg o.d. should be considered.

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2.5mg – Oral b.i.d. dose; initial dose taken to 6 hours after surgery provided haemostasis established. DVT & PE: When extended prevention of recurrent DVT or PE is required (following final dose at PCI for DVT or PE), the recommended dose is 10 mg o.d. in patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg o.d., a dose of Xarelto 20 mg o.d. should be considered.

2.5mg – Oral b.i.d. dose; initial dose taken to 6 hours after surgery provided haemostasis established. DVT & PE: When extended prevention of recurrent DVT or PE is required (following final dose at PCI for DVT or PE), the recommended dose is 10 mg o.d. in patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg o.d., a dose of Xarelto 20 mg o.d. should be considered.

2.5mg – Oral b.i.d. dose; initial dose taken to 6 hours after surgery provided haemostasis established. DVT & PE: When extended prevention of recurrent DVT or PE is required (following final dose at PCI for DVT or PE), the recommended dose is 10 mg o.d. in patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg o.d., a dose of Xarelto 20 mg o.d. should be considered.

2.5mg – Oral b.i.d. dose; initial dose taken to 6 hours after surgery provided haemostasis established. DVT & PE: When extended prevention of recurrent DVT or PE is required (following final dose at PCI for DVT or PE), the recommended dose is 10 mg o.d. in patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg o.d., a dose of Xarelto 20 mg o.d. should be considered.