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Prescribing tip for information



Rivaroxaban 10 mg ‘once daily’ now licensed for the extended prevention of venous thromboembolism

The European Commission (EC) approved an update to Xarelto® (Rivaroxaban) to include a **10 mg once daily dose** for the extended prevention of recurrent venous thromboembolism (VTE).

This label update applies to patients who have already received at least **six months** of standard anticoagulation therapy and provides prescribers with an additional treatment option alongside the 20 mg once daily dose, already licensed in this indication.

Clinicians now have wider therapeutic options and the ability to prescribe more precise and individualised doses to patients who are at high risk from recurrent **VTE and bleeding** problems

	Time Period	Dosing schedule	Total daily dose
Treatment and prevention of recurrent DVT and PE	Day 1-21	15 mg twice daily	30 mg
	Day 22 onwards	20 mg once daily	20 mg
Prevention of recurrent DVT and PE	Following completion of at least 6 months therapy for DVT or PE	10 mg once daily or 20 mg once daily	10 mg or 20 mg

When extended prevention of recurrent DVT and PE is indicated (following completion of at least 6 months therapy for DVT or PE), the recommended dose is **Rivaroxaban 10 mg once daily**.

However 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 Rivaroxaban 10 mg once daily, a dose of Rivaroxaban 20 mg once daily should be considered.

[Lancashire and South Cumbria Medicines Management Group](#) (LMMG) have rated this drug for this indication as **Amber 0** - suitable for prescribing in primary care following recommendation or initiation by a specialist.

Approval for this indication is based on data from the [EINSTEIN CHOICE study](#). The study compared the efficacy and safety of two doses of **Rivaroxaban (10 mg and 20 mg once daily)** with **Aspirin 100 mg once daily** for the management of VTE. Among patients on extended anticoagulation for venous thromboembolism, the risk of a recurrent event was significantly lower with Rivaroxaban at either a treatment dose (20 mg) or a prophylactic dose (10 mg) than with Aspirin, without a significant increase in bleeding rates.

More information on this drug can be found in the [BNF](#) and also the electronic medicines compendium [eMC](#)

To contact the Medicines Optimisation Team please phone 01772 214302