

rivaroxaban (XARELTO) Anticoagulation or Thromboprophylaxis [4163]

Use caution in patients with acute renal failure.

Medications

rivaroxaban (XARELTO) Thromboprophylaxis or Anticoagulation (Single Response) (Selection Required)

() Non-valvular atrial fibrillation (to prevent stroke and systemic embolism)

Pharmacy consult to monitor rivaroxaban (XARELTO) therapy STAT, Until discontinued, Starting S
Indications: Atrial Fibrillation
if (answer = Other: Specify)
Specify Other Indication:

rivaroxaban (XARELTO) (Single Response)
Renal dose reduction recommended in patients with a CrCl LESS than 50mL/min

() Normal dosing 20 mg, oral, daily at 1700
Indications: Atrial Fibrillation
if (answer = Other: Specify)
Specify Other Indication:

() Renal dose reduction 15 mg, oral, daily at 1700
Indications: Atrial Fibrillation
if (answer = Other: Specify)
Specify Other Indication:

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

Pharmacy consult to monitor rivaroxaban (XARELTO) therapy STAT, Until discontinued, Starting S
Indications: Deep vein thrombosis / Pulmonary embolism
if (answer = Other: Specify)
Specify Other Indication:

rivaroxaban (XARELTO) for DVT or PE (Single Response)
Avoid use in patients with CrCl LESS THAN 15mL/min

() Initial treatment **"Followed by" Linked Panel**

rivaroxaban (XARELTO) tablet 15 mg, oral, 2 times daily at 0900, 1700 (TIME CRITICAL)
Indications: Deep vein thrombosis / Pulmonary embolism
if (answer = Other: Specify)
Specify Other Indication:

rivaroxaban (XARELTO) tablet 20 mg, oral, once daily with food
Indications: Deep vein thrombosis / Pulmonary embolism
if (answer = Other: Specify)
Specify Other Indication:

() Continuation of treatment therapy
Avoid use in patients with CrCl LESS THAN 15mL/min

rivaroxaban (XARELTO) tablet 20 mg, oral, once daily with food
Indications: Deep vein thrombosis / Pulmonary embolism
if (answer = Other: Specify)
Specify Other Indication:

() Prevention of recurrent DVT or PE following treatment doses for at least 6 months

Pharmacy consult to monitor rivaroxaban (XARELTO) therapy STAT, Until discontinued, Starting S
Indications: Prevention of recurrent DVT or PE
if (answer = Other: Specify)
Specify Other Indication:

rivaroxaban (XARELTO)
Avoid use in patients with CrCl LESS THAN 15mL/min

<input type="checkbox"/>	rivaroxaban (XARELTO) tablet	10 mg, oral, daily at 1700 Indications: Prevention of recurrent DVT or PE if (answer = Other: Specify) Specify Other Indication:
() Risk reduction in coronary artery disease or peripheral artery disease		
<input type="checkbox"/>	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: Coronary /Peripheral Artery Disease if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	rivaroxaban (XARELTO) tablet	2.5 mg, oral, every 12 hours scheduled Indications: Coronary /Peripheral Artery Disease if (answer = Other: Specify) Specify Other Indication:
() Prophylaxis of DVT following hip or knee surgery		
<input type="checkbox"/>	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	rivaroxaban (XARELTO) (Single Response) Avoid use in patients with CrCl LESS THAN 15mL/min	
()	Hip	10 mg, oral, daily Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
()	Knee	10 mg, oral, daily Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
() Other indication		
<input type="checkbox"/>	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: Other: Specify if (answer = Other: Specify) Specify Other Indication: Specify Other Indication:
<input type="checkbox"/>	rivaroxaban (XARELTO) tablet	2.5 mg, oral, every 12 hours scheduled Indications: Other: Specify if (answer = Other: Specify) Specify Other Indication: Specify Other Indication:

Labs

Baseline labs

Per HM policy, baseline labs are required prior to initiation of therapy if not already available.

<input type="checkbox"/>	CBC with platelet and differential	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time, activated	Once For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	Once For 1 Occurrences

Follow-up Labs

<input type="checkbox"/>	CBC with platelet and differential	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Creatinine level	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	Anti Xa Rivaroxaban	AM draw For 1 Occurrences
<input type="checkbox"/>	CBC with platelet and differential	User Schedule, Starting S+1 For 3 Occurrences
<input type="checkbox"/>	Creatinine level	User Schedule, Starting S+1 For 3 Occurrences
<input type="checkbox"/>	Anti Xa Rivaroxaban	Once

Consults

