

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Rivaroxaban (Xarelto) 10 mg, 15 mg, 20 mg

#### Notes:

- Quantity limits: Yes

#### **INDICATION: Prevention of thrombosis in patients with non-valvular atrial fibrillation**

Initiation/Conversion criteria: Formulary **rivaroxaban (Xarelto)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List - **AND** -
- CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation) - **AND** -
- Intolerance or contraindication to dabigatran  
- **OR** -
- Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Formulary **rivaroxaban (Xarelto)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List - **AND** -
- CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation) \*\* - **AND** -
- Intolerance or contraindication to dabigatran  
- **OR** -
- Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)

Note:

\*\* FAST can provide temporary approval until records are available for new members to re-review

#### **INDICATION: Treatment of acute venous thromboembolism (a blood clot in the vein)**

Initiation/Conversion/New Member criteria: Formulary **rivaroxaban (Xarelto)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List - **AND** -
- Intolerance or contraindication to dabigatran\*

Note: \*Dabigatran VTE therapy includes enoxaparin to dabigatran or rivaroxaban to dabigatran

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## CRITERIA FOR DRUG COVERAGE

### Rivaroxaban (Xarelto) 10 mg, 15 mg, 20 mg

#### **INDICATION: Indefinite anticoagulation for reduction of venous thromboembolism recurrence**

Initiation/Conversion/New Member criteria: Formulary **rivaroxaban (Xarelto)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List - **AND** -
- Intolerance or contraindication to dabigatran<sup>^</sup>

Note: <sup>^</sup>For patients on reduced dose DOAC, intolerance/contraindication to dabigatran is not required

#### **INDICATION: Prophylaxis (prevention) of venous thromboembolism post-hip or knee replacement surgery**

Initiation/Conversion/New Member criteria: Formulary **rivaroxaban (Xarelto)** will be covered on the prescription drug benefit when the following criteria are met:

- Deep vein thrombosis (DVT) prevention in patients undergoing knee arthroplasty (up to 12 days) or hip arthroplasty (up to 35 days)

#### **INDICATION: Treatment of high-risk superficial thrombophlebitis/superficial vein thrombosis**

Initiation/Conversion/New Member criteria: Formulary **rivaroxaban (Xarelto)** will be covered on the prescription drug benefit for 45 days when the following criteria are met:

- Diagnosis of high-risk superficial thrombophlebitis or superficial vein thrombosis (SVT)

#### **INDICATION: Treatment of high-risk superficial thrombophlebitis/superficial vein thrombosis**

Initiation/Conversion/New Member criteria: Formulary **rivaroxaban (Xarelto)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of antithrombin III deficiency