

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Rivaroxaban (Xarelto) 2.5 mg

Notes:

- Quantity limits: Yes

INDICATION: To reduce the risk of major cardiovascular events in patients with high-risk chronic coronary artery disease or peripheral artery disease

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 coronary artery disease (CAD) or peripheral artery disease (PAD)
- **AND** -
- Prescribed by or in consultation with cardiology or vascular surgery