

RIVAROXABAN (Xarelto[®]) MODULE

For Safe and Efficient Management of New Oral Anticoagulants

The Rivaroxaban (Xarelto[®]) Module from 4S DAWN Clinical Software is a modular piece of clinical support software which tightly integrates into the flagship product, DAWN AC Anticoagulation Management. DAWN AC is the global market leader in productivity software for managing large anticoagulation clinics. Designed to help establish a safer, more efficient way to manage patients, it is a complete anticoagulation decision support package including induction, maintenance and bridging of patients and is used by over 300 healthcare organisations worldwide.

The Rivaroxaban (Xarelto[®]) Module is designed for patients treated for AF, DVT and PE, and enables you to manage patients using specific forms set up as questionnaires which are incorporated into the patients overall treatment. Key questionnaires include: age; INR; comorbidities; interacting concomitant medication; renal function; CHADS₂; induction and follow up.

Benefits of the Rivaroxaban (Xarelto[®]) Module

- Track adherence and patient feedback
- Track side effects and bleeding / thrombosis
- Ensure all information is in one place
- Increase productivity / efficiency gains
- Increase patient safety / reduce clinical risk
- Improve the consistency of dosing practices
- Reduce administration time
- Enable protocol-driven care
- Support medical research
- Lists of current patients treated

This module utilises two questionnaires / checklists as follows:

Initiation

- Identify valid indications
- Identify contraindications
- Record haemorrhagic risks
- Advice on dose

Follow-up

- Check drug and dose still appropriate
- Query adverse events
- Renal function checks
- Check compliance

Image shows a section of the initiation questionnaire for Rivaroxaban

Assessment as a Candidate for Rivaroxaban Initiation

Questions:

Therapeutic Indication:

NB Remember to schedule a follow-up questionnaire for this patient 6 months after the Rivaroxaban treatment plan is activated

If switching from VKA, is the INR still elevated?

Delay starting Rivaroxaban until INR<3.0 for AFNV

INR still elevated

Features

- Full anticoagulant history
- Schedule patient appointments
- Interactive patient lists
- Configurable generation of letters, emails and faxes
- Reporting capability
- Complete audit trail of all actions are recorded in the system

Measured Creatinine Clearance: mL/min

eGFR: mL/min

Cockcroft-Gault estimate of CrCl: $\frac{1.23 \times (140 - \text{age years}) \times \text{weight kg} \times (0.85 \text{ if female})}{\text{serum creatinine } \mu\text{mol/L}}$

Cockcroft D, Gault MD. Nephron, 16:31-41, 1976

Serum Creatinine: $\mu\text{mol/L}$ **High**

Body Weight: kg

Gender: **Female**

Age (at due date): 75

Calculate Cockcroft-Gault CrCl 45 mL/min

Please be aware of the limitations of estimates of renal function in relation to muscle mass, race and diet.

Image shows a section of the initiation questionnaire for Rivaroxaban

Sample screen shots from the Rivaroxaban (Xarelto[®]) Module

Contraindicated Drugs* :

- Other anticoagulant (warfarin,dabigatran,...)
- DRONEDARONE
- ITRACONAZOLE
- KETOCONAZOLE
- POSACONAZOLE
- RITONAVIR

Interacting drugs*:

INTERACTION
[click for more details](#)

- ASPIRIN
- CLARITHROMYCIN
- Other NSAIDs
- TELITHROMICIN
- VORICONAZOLE

Other anticoagulant or platelet inhibitor* :

Care is to be taken if patients are treated concomitantly with medicinal products affecting haemostasis

- Abciximab
- Eptifibatid
- Heparin
- Prasugrel
- Sintrome
- Ticagrelor
- Warfarin
- (Other)

If (other), please give details:

* These lists are for guidance only and are not exhaustive. Please use your clinical judgement before decision making.
[Click for more details on Xarelto](#)

Checklists for contraindicated and interacting drugs. Other contraindications and haemorrhagic risks are also included.

A section of the questionnaire for patient follow-up. The questionnaire includes prompts to identify compliance problems and adverse events.

I have taken the correct dose every day No Yes

I might have taken too many capsules / tablets No Yes

I might have missed one or more doses No Yes

Notes:

I have started a new medication recently No Yes