This guideline is currently under review. Please continue to use this version until the review has been completed

**RIVAROXABAN for the prevention of atherothrombotic events after an Acute Coronary Syndrome (unstable angina, non-ST segment elevation myocardial infarction (NSTEMI) or ST segment elevation myocardial infarction (STEMI))**

# Screening Checklist and Notification of Initiation to GP

* **The checklist must be completed and sent to the GP when rivaroxaban is initiated post Acute Coronary Syndrome (ACS)**
* **Following a 3 month period, if treatment is to continue, care may be transferred to the GP. At this point, a transfer of care document should be completed and sent to the GP**

*Hospital clinicians should be aware that, if a rivaroxaban is prescribed for an unlicensed indication prescribing responsibility will remain with the initiating team*

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| **Important information for GPs:**  This is notification that **rivaroxaban** has been started for your patient following an ACS  **Please ensure that warfarin or other anticoagulant therapies are stopped** |

|  |  |
| --- | --- |
| **Patient Details** | **GP Details** |
| Surname: | Name: |
| Forename: | Address: |
| Address: |  |
|  | Tel: |
| Postcode: | Fax: |
| NHS No: | NHS.net email: |
| DOB: Sex: Male / Female |  |
|  | |
| **Date of ACS diagnosis:**  **………………………………………………………….** | |
| **Reason for initiating rivaroxaban (in combination with either dual or mono antiplatelet) in preference to standard dual antiplatelet therapy:** | |

|  |  |  |
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| **Eligibility Criteria** (Refer to the [SPC](https://www.medicines.org.uk/emc/medicine/29371) for full details of licensed indications) | **Yes** | **No** |
| **NICE/ local consensus criteria for rivaroxaban**  *Note: all four criteria must be met to be within license for use* (Tick yes or no as appropriate) |
| 1. ACS with elevated cardiac biomarkers |  |  |
| 2. **CrCl ≥15ml/min** (\*to calculate creatinine clearance see overleaf) |  |  |
| 3. Patient **does not** meet the following criteria:   * Requiring full anticoagulation for any indication (e.g. AF, DVT, PE) * Concomitant use with Ticagrelor or Prasugrel |  |  |
| 4. No contraindications to treatment (refer to prescribing guideline for rivaroxaban in ACS) |  |  |
|  | | |
| **Patient Information** (Tick yes or no as appropriate) | **Yes** | **No** |
| 1. Patient is aware of the benefits and risks of rivaroxaban therapy |  |  |
| 2. Patient has been advised to carry an anticoagulant card or wear a medic-alert bracelet |  |  |
| 3. Patient has consented to therapy |  |  |
| 4. For female patients of child-bearing age: I have explained the risks of falling pregnant whilst on this treatment and recommended appropriate contraceptive measures are taken |  |  |
|  | | |
| **Details of treatment Plan** (Tick appropriate box and complete relevant information) | | |
| ***Rivaroxaban 2.5mg twice daily* initiated in combination with either:**   * **Aspirin 75mg daily plus clopidogrel 75mg daily OR** * **Aspirin 75mg daily alone**   **Anticipated Duration of antiplatelet(s):** | | |
| **Anticipated Duration of rivaroxaban:**   * **12 month only** * **Other (Please specify) …………months**   **Comments on duration:** | | |
| **Any other relevant information:** | | |

|  |  |
| --- | --- |
| ***Baseline assessment of renal function*** | |
| **Baseline serum creatinine** | Date of test: Result: |
| **Creatinine clearance (CrCl\*)** |  |
| \*eGFR should NOT be used to guide dosing decisions. Creatinine clearance must be estimated using the [Cockcroft-Gault equation calculator](http://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation/#from-the-creator) or refer to the South London creatinine clearance information sheet | |
| **AUTHORISATION (Cardiology consultant)** | |
| **Signature: Print name: Contact number:**  **Position: Organisation: Date:** | |