

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use XARELTO® (rivaroxaban) safely and effectively. See full prescribing information for XARELTO.

XARELTO (rivaroxaban) tablets, for oral use

Initial U.S. Approval: 2011

**WARNING: (A) PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS, and (B) SPINAL/EPIDURAL HEMATOMA**

*See full prescribing information for complete boxed warning*

**(A) PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS**

Premature discontinuation of any oral anticoagulant, including XARELTO, increases the risk of thrombotic events. To reduce this risk, consider coverage with another anticoagulant if XARELTO is discontinued for a reason other than pathological bleeding or completion of a course of therapy (2.2, 2.6, 5.1, 14.1).

**(B) SPINAL/EPIDURAL HEMATOMA**

Epidural or spinal hematomas have occurred in patients treated with XARELTO who are receiving neuraxial anesthesia or undergoing spinal puncture. These hematomas may result in long-term or permanent paralysis (5.2, 5.3, 6.2).

Monitor patients frequently for signs and symptoms of neurological impairment and if observed, treat urgently. Consider the benefits and risks before neuraxial intervention in patients who are or who need to be anticoagulated (5.3).

**RECENT MAJOR CHANGES**

Boxed Warning	03/2014
Dosage and Administration (2.5)	01/2014
Warnings and Precautions (5.2, 5.6, 5.9)	01/2014
Warnings and Precautions (5.3)	03/2014

**INDICATIONS AND USAGE**

XARELTO is a factor Xa inhibitor indicated:

- to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation (1.1)
- for the treatment of deep vein thrombosis (DVT), pulmonary embolism (PE), and for the reduction in the risk of recurrence of DVT and of PE (1.2, 1.3, 1.4)
- for the prophylaxis of DVT, which may lead to PE in patients undergoing knee or hip replacement surgery (1.5)

**DOSAGE AND ADMINISTRATION**

- Take 15 mg and 20 mg tablets with food; take 10 mg tablets with or without food (2.1)

- Nonvalvular Atrial Fibrillation:**
  - For patients with CrCl >50 mL/min: 20 mg orally, once daily with the evening meal (2.3)
  - For patients with CrCl 15 - 50 mL/min: 15 mg orally, once daily with the evening meal (2.3)
- Treatment of DVT, PE, and Reduction in the Risk of Recurrence of DVT and of PE:** 15 mg orally twice daily with food for the first 21 days for the initial treatment of acute DVT or PE. After the initial treatment period, 20 mg orally once daily with food for the remaining treatment and the long-term reduction in the risk of recurrence of DVT and of PE. (2.4)
- Prophylaxis of DVT Following Hip or Knee Replacement Surgery:** 10 mg orally, once daily with or without food (2.5)

**DOSAGE FORMS AND STRENGTHS**

Tablets: 10 mg, 15 mg, and 20 mg (3)

**CONTRAINDICATIONS**

- Active pathological bleeding (4)
- Severe hypersensitivity reaction to XARELTO (4)

**WARNINGS AND PRECAUTIONS**

- Risk of bleeding: XARELTO can cause serious and fatal bleeding. Promptly evaluate signs and symptoms of blood loss. (5.2)
- Pregnancy-related hemorrhage: Use XARELTO with caution in pregnant women due to the potential for obstetric hemorrhage and/or emergent delivery. Promptly evaluate signs and symptoms of blood loss. (5.7)
- Prosthetic heart valves: XARELTO use not recommended (5.8)

**ADVERSE REACTIONS**

The most common adverse reaction (>5%) was bleeding. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Janssen Pharmaceuticals, Inc. at 1-800-526-7736 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

**DRUG INTERACTIONS**

- Combined P-gp and strong CYP3A4 inhibitors and inducers: Avoid concomitant use (7.1, 7.2)
- Anticoagulants: Avoid concomitant use (7.3)

**USE IN SPECIFIC POPULATIONS**

- Nursing mothers: discontinue drug or discontinue nursing (8.3)
- Renal impairment: Avoid or adjust dose based on CrCl (8.7)
- Hepatic impairment: Avoid use in patients with Child-Pugh B and C hepatic impairment or with any degree of hepatic disease associated with coagulopathy (8.8)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 12/2014

## FULL PRESCRIBING INFORMATION: CONTENTS\*

**WARNING: (A) PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS, (B) SPINAL/EPIDURAL HEMATOMA**

### 1 INDICATIONS AND USAGE

- 1.1 Reduction of Risk of Stroke and Systemic Embolism in Nonvalvular Atrial Fibrillation
- 1.2 Treatment of Deep Vein Thrombosis
- 1.3 Treatment of Pulmonary Embolism
- 1.4 Reduction in the Risk of Recurrence of Deep Vein Thrombosis and of Pulmonary Embolism
- 1.5 Prophylaxis of Deep Vein Thrombosis Following Hip or Knee Replacement Surgery

### 2 DOSAGE AND ADMINISTRATION

- 2.1 Important Food Effect Information
- 2.2 Switching to and from XARELTO
- 2.3 Nonvalvular Atrial Fibrillation
- 2.4 Treatment of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), and Reduction in the Risk of Recurrence of DVT and of PE
- 2.5 Prophylaxis of Deep Vein Thrombosis Following Hip or Knee Replacement Surgery

2.6 Discontinuation for Surgery and other Interventions

2.7 Missed Dose

2.8 Administration Options

### 3 DOSAGE FORMS AND STRENGTHS

### 4 CONTRAINDICATIONS

### 5 WARNINGS AND PRECAUTIONS

5.1 Increased Risk of Thrombotic Events after Premature Discontinuation

5.2 Risk of Bleeding

5.3 Spinal/Epidural Anesthesia or Puncture

5.4 Use in Patients with Renal Impairment

5.5 Use in Patients with Hepatic Impairment

5.6 Use with P-gp and Strong CYP3A4 Inhibitors or Inducers

5.7 Risk of Pregnancy-Related Hemorrhage

5.8 Patients with Prosthetic Heart Valves

5.9 Acute PE in Hemodynamically Unstable Patients or Patients Who Require Thrombolysis or Pulmonary Embolectomy

### 6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

6.2 Postmarketing Experience

### 7 DRUG INTERACTIONS

- 7.1 Drugs that Inhibit Cytochrome P450 3A4 Enzymes and Drug Transport Systems
- 7.2 Drugs that Induce Cytochrome P450 3A4 Enzymes and Drug Transport Systems
- 7.3 Anticoagulants and NSAIDs/Aspirin
- 7.4 Drug-Disease Interactions with Drugs that Inhibit Cytochrome P450 3A4 Enzymes and Drug Transport Systems
- 8 USE IN SPECIFIC POPULATIONS**
  - 8.1 Pregnancy
  - 8.2 Labor and Delivery
  - 8.3 Nursing Mothers
  - 8.4 Pediatric Use
  - 8.5 Geriatric Use
  - 8.6 Females of Reproductive Potential
  - 8.7 Renal Impairment
  - 8.8 Hepatic Impairment
- 10 OVERDOSAGE**
- 11 DESCRIPTION**
- 12 CLINICAL PHARMACOLOGY**
  - 12.1 Mechanism of Action
  - 12.2 Pharmacodynamics

- 12.3 Pharmacokinetics
- 12.6 QT/QTc Prolongation
- 13 NON-CLINICAL TOXICOLOGY**
  - 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
- 14 CLINICAL STUDIES**
  - 14.1 Stroke Prevention in Nonvalvular Atrial Fibrillation
  - 14.2 Treatment of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), and Reduction in the Risk of Recurrence of DVT and of PE
  - 14.3 Prophylaxis of Deep Vein Thrombosis Following Hip or Knee Replacement Surgery
- 16 HOW SUPPLIED/STORAGE AND HANDLING**
- 17 PATIENT COUNSELING INFORMATION**
  - 17.1 Instructions for Patient Use
  - 17.2 Bleeding Risks
  - 17.3 Invasive or Surgical Procedures
  - 17.4 Concomitant Medication and Herbs
  - 17.5 Pregnancy and Pregnancy-Related Hemorrhage
  - 17.6 Nursing
  - 17.7 Females of Reproductive Potential

\*Sections or subsections omitted from the full prescribing information are not listed.

## FULL PRESCRIBING INFORMATION

### **WARNING: (A) PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS, (B) SPINAL/EPIDURAL HEMATOMA**

#### **A. PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS**

Premature discontinuation of any oral anticoagulant, including XARELTO, increases the risk of thrombotic events. If anticoagulation with XARELTO is discontinued for a reason other than pathological bleeding or completion of a course of therapy, consider coverage with another anticoagulant [see *Dosage and Administration* (2.2, 2.6), *Warnings and Precautions* (5.1), and *Clinical Studies* (14.1)].

#### **B. SPINAL/EPIDURAL HEMATOMA**

Epidural or spinal hematomas have occurred in patients treated with XARELTO who are receiving neuraxial anesthesia or undergoing spinal puncture. These hematomas may result in long-term or permanent paralysis. Consider these risks when scheduling patients for spinal procedures. Factors that can increase the risk of developing epidural or spinal hematomas in these patients include:

- use of indwelling epidural catheters
- concomitant use of other drugs that affect hemostasis, such as non-steroidal anti-inflammatory drugs (NSAIDs), platelet inhibitors, other anticoagulants
- a history of traumatic or repeated epidural or spinal punctures
- a history of spinal deformity or spinal surgery
- optimal timing between the administration of XARELTO and neuraxial procedures is not known

[see *Warnings and Precautions* (5.2, 5.3) and *Adverse Reactions* (6.2)].

Monitor patients frequently for signs and symptoms of neurological impairment. If neurological compromise is noted, urgent treatment is necessary [see *Warnings and Precautions* (5.3)].

Consider the benefits and risks before neuraxial intervention in patients anticoagulated or to be anticoagulated for thromboprophylaxis [see *Warnings and Precautions* (5.3)].

## **1 INDICATIONS AND USAGE**

### **1.1 Reduction of Risk of Stroke and Systemic Embolism in Nonvalvular Atrial Fibrillation**

XARELTO is indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.

There are limited data on the relative effectiveness of XARELTO and warfarin in reducing the risk of stroke and systemic embolism when warfarin therapy is well-controlled [see *Clinical Studies (14.1)*].

## 1.2 Treatment of Deep Vein Thrombosis

XARELTO is indicated for the treatment of deep vein thrombosis (DVT).

## 1.3 Treatment of Pulmonary Embolism

XARELTO is indicated for the treatment of pulmonary embolism (PE).

## 1.4 Reduction in the Risk of Recurrence of Deep Vein Thrombosis and of Pulmonary Embolism

XARELTO is indicated for the reduction in the risk of recurrence of deep vein thrombosis and of pulmonary embolism following initial 6 months treatment for DVT and/or PE.

## 1.5 Prophylaxis of Deep Vein Thrombosis Following Hip or Knee Replacement Surgery

XARELTO is indicated for the prophylaxis of DVT, which may lead to PE in patients undergoing knee or hip replacement surgery.

## 2 DOSAGE AND ADMINISTRATION

Indication	Dosage
Reduction in Risk of Stroke in Nonvalvular Atrial Fibrillation (2.3)	CrCl >50 mL/min: 20 mg once daily <b>with the evening meal</b>
	CrCl 15 to 50 mL/min: 15 mg once daily <b>with the evening meal</b>
Treatment of DVT (2.4) Treatment of PE (2.4)	15 mg <u>twice daily</u> with food, for first 21 days <b>▼ after 21 days, transition to ▼</b> 20 mg once daily with food, for remaining treatment
Reduction in the Risk of Recurrence of DVT and of PE (2.4)	20 mg once daily with food
Prophylaxis of DVT Following Hip or Knee Replacement Surgery (2.5)	Hip replacement: 10 mg once daily for 35 days
	Knee replacement: 10 mg once daily for 12 days

### 2.1 Important Food Effect Information

The 15 mg and 20 mg XARELTO tablets should be taken with food, while the 10 mg tablet can be taken with or without food [see *Clinical Pharmacology (12.3)*].

In the nonvalvular atrial fibrillation efficacy study XARELTO was taken with the evening meal.

## **2.2 Switching to and from XARELTO**

*Switching from Warfarin to XARELTO* - When switching patients from warfarin to XARELTO, discontinue warfarin and start XARELTO as soon as the International Normalized Ratio (INR) is below 3.0 to avoid periods of inadequate anticoagulation.

*Switching from XARELTO to Warfarin* - No clinical trial data are available to guide converting patients from XARELTO to warfarin. XARELTO affects INR, so INR measurements made during coadministration with warfarin may not be useful for determining the appropriate dose of warfarin. One approach is to discontinue XARELTO and begin both a parenteral anticoagulant and warfarin at the time the next dose of XARELTO would have been taken.

*Switching from XARELTO to Anticoagulants other than Warfarin* - For patients currently taking XARELTO and transitioning to an anticoagulant with rapid onset, discontinue XARELTO and give the first dose of the other anticoagulant (oral or parenteral) at the time that the next XARELTO dose would have been taken [see *Drug Interactions (7.3)*].

*Switching from Anticoagulants other than Warfarin to XARELTO* - For patients currently receiving an anticoagulant other than warfarin, start XARELTO 0 to 2 hours prior to the next scheduled evening administration of the drug (e.g., low molecular weight heparin or non-warfarin oral anticoagulant) and omit administration of the other anticoagulant. For unfractionated heparin being administered by continuous infusion, stop the infusion and start XARELTO at the same time.

## **2.3 Nonvalvular Atrial Fibrillation**

For patients with creatinine clearance (CrCl) >50 mL/min, the recommended dose of XARELTO is 20 mg taken orally once daily with the evening meal. For patients with CrCl 15 to 50 mL/min, the recommended dose is 15 mg once daily with the evening meal [see *Use in Specific Populations (8.7)*].

## **2.4 Treatment of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), and Reduction in the Risk of Recurrence of DVT and of PE**

The recommended dose of XARELTO for the initial treatment of acute DVT and/or PE is 15 mg taken orally twice daily with food for the first 21 days. After this initial treatment period, the recommended dose of XARELTO is 20 mg taken orally once daily with food, at approximately the same time each day. The recommended dose of XARELTO for reduction in the risk of recurrence of DVT or PE is 20 mg taken orally once daily with food at approximately the same time each day [see *Clinical Studies (14.2)*].

# Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

## Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

## Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

## Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

## API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

## LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

## FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

## E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.