

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, (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 (2.3, 2.8, 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

Indications and Usage, Reduction in the Risk of Recurrence of Deep Vein Thrombosis and/or Pulmonary Embolism (1.4)	10/2017
Dosage and Administration (2.1, 2.6)	10/2017
Warnings and Precautions (5.2)	07/2018

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) (1.2)
- for the treatment of pulmonary embolism (PE) (1.3)
- for the reduction in the risk of recurrence of DVT and/or PE in patients at continued risk for recurrent DVT and/or PE after completion of initial treatment lasting at least 6 months (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

- Nonvalvular Atrial Fibrillation:**
 - For patients with CrCl >50 mL/min: 20 mg orally, once daily with the evening meal (2.4)
 - For patients with CrCl 15 - 50 mL/min: 15 mg orally, once daily with the evening meal (2.4)
- Treatment of DVT and/or PE:** 15 mg orally twice daily with food for the first 21 days followed by 20 mg orally once daily with food for the remaining treatment (2.5)
- Reduction in the Risk of Recurrence of DVT and/or PE in patients at continued risk for DVT and/or PE:** 10 mg once daily with or without food, after at least 6 months of standard anticoagulant treatment (2.6)
- Prophylaxis of DVT Following Hip or Knee Replacement Surgery:** 10 mg orally once daily with or without food (2.7)

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. An agent to reverse the anti-factor Xa activity of rivaroxaban is available. (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.

DRUG INTERACTIONS

- Combined P-gp and strong CYP3A inhibitors and inducers: Avoid concomitant use (7.2, 7.3)
- Anticoagulants: Avoid concomitant use (7.4)

USE IN SPECIFIC POPULATIONS

- Renal impairment: Avoid or adjust dose based on CrCl and Indication (8.6)
- Hepatic impairment: Avoid use in patients with Child-Pugh B and C hepatic impairment or with any degree of hepatic disease associated with coagulopathy (8.7)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 08/2018

FULL PRESCRIBING INFORMATION: CONTENTS*

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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* (2.3, 2.8), *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/or Pulmonary Embolism

XARELTO is indicated for the reduction in the risk of recurrence of DVT and/or PE in patients at continued risk for recurrent DVT and/or PE after completion of initial treatment lasting at least 6 months.

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

2.1 Recommended Dosage

Indication	Dosage	
Reduction in Risk of Stroke in Nonvalvular Atrial Fibrillation (2.4)	CrCl >50 mL/min:	20 mg once daily with the evening meal
	CrCl 15 to 50 mL/min:	15 mg once daily with the evening meal
Treatment of DVT (2.5) Treatment of PE (2.5)	15 mg <u>twice daily</u> with food, for first 21 days	
	▼ after 21 days, transition to ▼	
	20 mg once daily with food, for remaining treatment	
Reduction in the Risk of Recurrence of DVT and/or PE in patients at continued risk for DVT and/or PE (2.6)	10 mg once daily with or without food, after at least 6 months of standard anticoagulant treatment	
Prophylaxis of DVT Following Hip or Knee Replacement Surgery (2.7)	Hip replacement:	10 mg once daily with or without food for 35 days
	Knee replacement:	10 mg once daily with or without food for 12 days

2.2 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.

2.3 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 (7.4)*].

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.

2.4 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 (8.6)*].

2.5 Treatment of Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (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

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