**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** |

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| **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) | [ ]  | [ ]  |
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| **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  | [ ]  | [ ]  |
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| **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:**       |

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| ***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:**       |