

## Transfer of Care Guideline for Rivaroxaban in Paediatrics

### Drug name: Rivaroxaban

#### Executive Summary/ Critical Information.

Indication	Route & Dose	Key aims of treatment in the long term	Monitoring undertaken by specialist before requesting transfer of care	Ongoing monitoring by GP	Duration of treatment	Stopping criteria	Follow up (weeks/months)
<p>Treatment of venous thromboembolism (VTE) and prevention of VTE recurrence in</p> <ul style="list-style-type: none"> <li>- Children &gt; 4 weeks and &lt;6 months of age who were born ≥37 weeks gestation, have a weight ≥2.6kg and have had ≥10 days of oral feeding</li> </ul>	<p>Oral</p> <p>See Table 1 below for dosing.</p> <p>Preferably use tablet for 15mg and 20mg dose if able to take tablets.</p> <p>Use 1mg/mL oral suspension</p>	<p>Inhibit thrombin formation and symptomatic recurrent VTE without any clinically significant bleeding. To make treatment as easy as possible for</p>	<p>FBC, U&amp;Es, liver function tests – baseline then at 6 months if treatment continues beyond 6 months</p> <p>Weight</p>	<p>Weight (if applicable)</p>	<p>First VTE in association with a central venous access device (CVAD) which has been removed: 6 weeks – 3 months</p> <p>First VTE in association with a different transient risk factor that has resolved: 3 months</p>	<p>Resolution of clot after treatment period/resolution of risk factor</p>	<p><b>Specialist team input (when on rivaroxaban treatment):</b></p> <ul style="list-style-type: none"> <li>- Monitor weight: no longer than 3 monthly if &lt;2yrs, 6 monthly if ≥2yrs and &lt;30kg, and annually if ≥30kg</li> <li>- FBC, renal function &amp; LFTs at 6 months, then annually (if normal at 6 months).</li> </ul> <p><b>GP (when on rivaroxaban treatment):</b></p> <ul style="list-style-type: none"> <li>- Monitor weight if parent/patient preference to do locally &amp; inform specialist team: no longer than 3 monthly if &lt;2yrs, 6 monthly if ≥2yrs and &lt;30kg, and annually if ≥30kg.</li> <li>- FBC, renal function &amp; LFTs annually (if parent/patient preference to do locally) &amp; forward results to specialist team</li> </ul>

<p>- Children from 6 months of age – 18 years</p> <p>- following at least 5 days of initial parenteral anticoagulation treatment.</p>	<p>for doses &lt; 15mg. Use 100mL size bottle for children &lt;4kg; 250mL size bottle for children ≥4kg (due to size of syringe provided in medication pack to draw up dose). The suspension has a 14 day shelf life after reconstitution.</p>	<p>child/family .</p>			<p>Ongoing risk factors, such as CVAD: continue &gt; 3months until the risk factor has resolved.</p> <p>First unprovoked, idiopathic VTE: 6-12 months</p> <p>Duration of treatment (including start and stop date) should be clearly stated on the hospital discharge summary. TOC document to be sent to GP prior to discharge/ with discharge letter.</p>		<p><b>Contact details for hospital team:</b></p>
<p><b>Contact the paediatric haemostasis and thrombosis team</b></p> <p><b>Working hours (Mon-Fri 09:00-17:00):</b> call switchboard 0207 377 7000 and ask for the clotting registrar on bleep 1155 or 1239</p> <p><b>Out-of-hours:</b> call switchboard 0207 377 7000 and ask for the on-call haematology registrar</p> <p><b>Paediatric Haematology &amp; Thrombosis Consultant:</b> Dr Suthesh Sivapalaratnam via email (non urgent queries): <a href="mailto:s.sivapalaratnam@nhs.net">s.sivapalaratnam@nhs.net</a></p>							
<p><b>Key Safety Notice (for instance: notification if prescribing must be brand specific or BNF cautionary and advisory warnings)</b></p>							

If child has active bleeding, advise them/parents/carers (as appropriate) to go to their nearest A&E to seek medical attention.

Table 1 – Rivaroxaban dosing

**Table 1: Recommended dose for Xarelto in paediatric patients from full-term neonates (following at least 10 days of oral feeding and weighing at least 2.6 kg) to children less than 18 years of age**

Bodyweight [kg]		Regimen Dose rivaroxaban			Total daily dose	Suitable blue syringe
		(1 mg rivaroxaban corresponds to 1 mL of the suspension)				
Min	Max	once a day	2 times a day	3 times a day		
2.6	< 3			0.8 mg	2.4 mg	1 mL
3	< 4			0.9 mg	2.7 mg	1 mL
4	< 5			1.4 mg	4.2 mg	5 mL
5	< 7			1.6 mg	4.8 mg	5 mL
7	< 8			1.8 mg	5.4 mg	5 mL
8	< 9			2.4 mg	7.2 mg	5 mL
9	< 10			2.8 mg	8.4 mg	5 mL
10	< 12			3.0 mg	9.0 mg	5 mL
12	< 30		5 mg		10 mg	5 mL or 10 mL
30	< 50	15 mg			15 mg	10 mL
≥ 50		20 mg			20 mg	10 mL

## 1. Document Management

Document ratification and history	
Produced by: Jaini Shah (Highly Specialist Pharmacist)	Barts Health NHS Trust
Approved by:	TNW MOB & DTC
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This document has been produced in collaboration with the following organisations: Barts Health, NEL, Newham CCG, Tower Hamlets CCG, Waltham Forest CCG.



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