VTE Encompasses Two Serious Conditions:

Deep vein thrombosis (DVT) is a blood clot that forms in the veins that lie deep within the muscles, usually in the leg or pelvis. If all or part of the DVT breaks off and the blood clot moves to block a vessel in the lungs, it is known as a pulmonary embolism (PE), which can be rapidly fatal.

Symptoms of DVT include:
- Pain, swelling, redness of the area, and dilation of the surface veins. The skin may also be warm to the touch.

Deep vein thrombosis (DVT)
- Even in the absence of a PE, DVT alone can have burdensome and costly consequences such as post-thrombotic syndrome.
- The rate of VTE recurrence remains high, with hospital readmission for DVT at 19%.

Annual estimated incidence of DVT
- 700,000
- 2 million

Annual estimated incidence of acute PE
- 400,000
- 600,000

VTE Prevention and Treatment

Anticoagulants are the cornerstone of therapy for prevention of potentially deadly blood clots, but widely used traditional therapies are associated with significant drawbacks that challenge optimal patient treatment.

- The traditional standard therapy for prevention of VTE associated with orthopaedic surgery is a class of injectable anticoagulant drugs known as low molecular weight heparins (LMWH).
- The traditional standard of care for treatment of VTE and long-term prevention is the complex dual-drug approach of daily injections of LMWH followed by a transition to long-term oral therapy with a vitamin K antagonist (VKA), such as warfarin. As well as the difficulties associated with LMWH, managing patients on VKAs such as warfarin can also be challenging.

Limitations of current VTE therapies may contribute to their under-utilisation, creating challenges for patients and leaving them at risk.

Novel oral anticoagulants (OACs) can overcome the limitations of traditional anticoagulants to prevent and/or treat venous and arterial thromboembolic (VAT) conditions.

Benefits of novel OACs include:
- Predictable anticoagulation without the need for routine coagulation monitoring or frequent dose adjustment.
- Low risk of drug–drug interactions.
- No significant food interactions.

Xarelto® (rivaroxaban) is approved to protect patients from blood clots across more venous conditions than any other novel oral anticoagulant.

VTE Treatment and Recurrent Prevention: For adult patients with DVT and PE, ‘Xarelto’ is the first single-drug solution and the only novel OAC approved for acute treatment and the prevention of recurrent VTE.

- DVT: As a single-drug solution, ‘Xarelto’ is highly effective in providing simplified patient management from hospital to home.
- PE: As a single-drug solution, ‘Xarelto’ is highly effective in protecting against life-threatening PEs without the need for injections or routine coagulation monitoring.

Additionally ‘Xarelto’ has a similar low rate of major bleeding compared with the dual-drug approach of LMWH and VKA.

VTE Prevention in Adult Patients Following Elective Hip or Knee Replacement Surgery: For adult patients who have had major orthopaedic surgery, one 10 mg tablet, once-daily ‘Xarelto’ provides superior protection against VTE with similar safety compared to the LMWH enoxaparin.

Patients on ‘Xarelto’ also experience fewer symptomatic VTEs and fewer bleeding complications post-surgery, resulting in shorter hospital stays.
Rivaroxaban is the most broadly indicated novel oral anticoagulant and is marketed under the brand name Xarelto®. To date, ‘Xarelto’ is approved for five indications across seven distinct areas of use, consistently protecting patients across more venous and arterial thromboembolic (VAT) conditions than any other novel OAC.

Whilst licences may differ from country to country, across all indications ‘Xarelto’ is approved in more than 120 countries.

Rivaroxaban was discovered by Bayer HealthCare, and is being jointly developed with Janssen Research & Development, LLC. ‘Xarelto’ is marketed outside the U.S. by Bayer HealthCare and in the U.S. by Janssen Pharmaceuticals, Inc. (a Johnson & Johnson Company).

Anticoagulant medicines are potent therapies used to prevent or treat serious illnesses and potentially life threatening conditions. Before initiating therapy with anticoagulant medicines, physicians should carefully assess the benefit and risk for the individual patient.

Responsible use of ‘Xarelto’ is a very high priority for Bayer, and the company has developed a Prescribers Guide for physicians and a ‘Xarelto’ Patient Card for patients to support best practice. To learn more, please visit: https://prescribe.xarelto.com.