

Collaborative Prescribing Agreement

Rivaroxaban (Xarelto®) for prophylaxis of venous thromboembolism (VTE) following elective total hip and knee replacement surgery

This COLLABORATIVE PRESCRIBING AGREEMENT (the CPA or "Agreement") is entered into by the Medical Beneficiary and Pharmaceutical Services Division, Ministry of Health, B.C., and the undersigned orthopaedic surgeon.

To obtain an orthopaedic surgeon exemption from completing Special Authority requests for rivaroxaban (Xarelto®) for prophylaxis of VTE, I, _____, agree to prescribe according to the following Limited Coverage criteria: *(Name of orthopaedic surgeon)*

Special Authority Criteria	Approval Period
For prophylaxis of VTE following elective total hip replacement surgery or elective total knee replacement surgery. ^{3,4}	Following elective total hip replacement: Up to a maximum of 35 days ^{1,2} Following elective total knee replacement: Up to a maximum of 14 days ^{1,2}
Special Notes <ol style="list-style-type: none">1. The duration of therapy includes the period during which doses are administered post-operatively in an acute care (hospital) setting. The PharmaCare approval period is for the balance of the total duration after discharge.2. The first dose is typically administered 6 to 8 hours after surgery, assuming adequate hemostasis has been achieved.3. The RECORD clinical trial program did not evaluate the efficacy or safety of sequential use of a low molecular weight heparin followed by rivaroxaban for prophylaxis of VTE. Due to the current lack of evidence for sequential use, PharmaCare coverage is not intended for this practice.4. Clinical judgment is warranted to assess the increased risk for VTE and/or adverse effects in patients with a history of previous VTE, myocardial infarction, transient ischemic attack or ischemic stroke; a history of intraocular or intracerebral bleeding; a history of gastrointestinal disease with gastrointestinal bleeding; moderate or severe renal insufficiency; severe liver disease; concurrent use of other anticoagulants; or age greater than 75 years.	

Terms of the Agreement:

- The Medical Beneficiary & Pharmaceutical Services Division reserves the right to modify the Limited Coverage criteria; grant practitioner exemptions from completing Special Authority requests for prescriptions meeting the above Limited Coverage criteria; require renewals of exemptions; and, as necessary, conduct quality assurance checks of such processes. For quality assurance purposes, the orthopaedic surgeon with an exemption agrees to receive feedback on his/her prescribing of rivaroxaban for prophylaxis of VTE.
- Patients who meet the Limited Coverage criteria and whose prescription is written by an orthopaedic surgeon with a valid exemption will receive automatic Special Authority coverage for subsequent claims up to the specified maximum.
- PharmaCare coverage is subject to the patient's PharmaCare plan rules, including any annual deductible requirement.
- Each CPA must be signed by the practitioner who is requesting coverage and not a delegate.
- PharmaCare coverage is not retroactive. Special Authority approval or a current exemption must be in place before a patient fills an initial or refill prescription.
- For any patient who does not meet the Limited Coverage criteria, a practitioner with an exemption is required to do one of the following:

- a) Write on the prescription “Submit as zero cost to PharmaCare”, to indicate to the pharmacist that the prescription is not to be covered by PharmaCare; or
- b) Apply for exceptional PharmaCare coverage by submitting a Special Authority request with full documentation (via fax to 1-800-609-4884).
- An exemption may be discontinued if the orthopaedic surgeon prescribes rivaroxaban for prophylaxis of VTE in a manner inconsistent with the terms of this Agreement.

Name of orthopaedic surgeon (please print)

College of Physicians & Surgeons ID number

Orthopaedic surgeon signature

Medical Services Plan Billing number

Date submitted

Fax number (to which confirmation of exemption should be sent)

FAX COMPLETED AGREEMENT TO HEALTH INSURANCE BC at 1 250 405-3599

A copy of this agreement will be kept on file at the Ministry of Health.

Medical Beneficiary & Pharmaceutical Services Division Use Only:

Effective date: _____

Approval period: Indefinite

Approved on behalf of PSD: _____

Confirmation sent (date): _____

DBR Operational Information:

ID reference number for CPSBC = **91**

Category and subcategory code = **rivaroxaban 9901-0107**

Assumed SA = **No**