BSTH
Belgian Society on Thrombosis and Haemostasis

Belgian Society of CARDIOLOGY

11 July 2024

Dear colleague,

Bayer informed us that rivaroxaban (Xarelto® 10 , 15, and 20mg once daily will no longer be reimbursed as of September 1st, 2024. The products will still be available, but at significantly higher cost to the patient. This decision does not affect the 'vascular' dose of rivaroxaban, 2x2.5mg (indication peripheral and coronary artery disease).

We want to stress the importance of continuing anticoagulant therapy in patients with an indication, such as the prevention of stroke or systemic embolism in patients with atrial fibrillation, the treatment of acute pulmonary embolism and deep vein thrombosis, and the long-term secondary prevention of venous thromboembolism in patients after a pulmonary embolism or deep vein thrombosis.

The following alternatives are available under reimbursement:

- Replacement of Xarelto® 10 , 15, and 20mg by Rivaroxaban Viatris 10, 15, and 20mg, the bioequivalent of Xarelto® if it becomes available.

- For the prevention of stroke and systemic embolism in patients with atrial fibrillation:
  - Edoxaban (Lixiana®) 60mg once daily, or 30mg once daily if weight <60kg, creatinine clearance <50ml/min, or use of PgP-inhibitors
    - hoofdstuk IV § 8370000 (control: **a priori**)
  - Dabigatran (Pradaxa®) 150mg twice daily, or 110mg twice daily if creatinine clearance <50ml/min or to be considered in elderly patients >80years, concomitant use of verapamil, or high bleeding risk
    - hoofdstuk IV § 6270000 (control: **a priori**)
  - Apixaban (Eliquis®) 5mg twice daily, or 2.5mg twice daily if 2 out of 3 of the following: (1) age >80years, (2) weight <60kg, (3) serum creatinine > 1.5mg/dL
    - hoofdstuk IV § 6660000

- For the acute treatment of pulmonary embolism and/or deep vein thrombosis:
  - Edoxaban (Lixiana®) 60mg once daily, or 30mg once daily if weight <60kg, creatinine clearance <50ml/min, or use of PgP-inhibitors
    - following a minimum of 5 to 7 days of low molecular weight heparine in therapeutic dose
    - hoofdstuk IV § 8380000 (control: **a priori**)
    - hoofdstuk IV § 8390000 (control: **a priori**)
  - Dabigatran (Pradaxa®) 150mg twice daily
    - following a minimum of 5 to 7 days of low molecular weight heparin in therapeutic dose
    - hoofdstuk IV § 7510000 (control: **a priori**)
    - hoofdstuk IV § 8100000 (control: **a priori**)

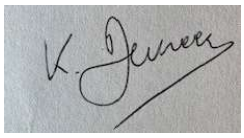
    - Apixaban (Eliquis®) 10mg twice daily for 7 days, followed by 5mg twice daily
        - hoofdstuk IV § 8790000 (control: **a priori**)
        - hoofdstuk IV § 7750000 (control: **a priori**)

- For the long-term secondary prevention of venous thrombo-embolism (>3 to 6 months after PE/DVT)
    - Edoxaban (Lixiana®) 30mg once daily
        - hoofdstuk IV § 8380000 (control: **a priori**)
        - hoofdstuk IV § 8390000 (control: **a priori**)
    - Dabigatran (Pradaxa®) 110mg twice daily
        - hoofdstuk IV § 7510000 (control: **a priori**)
        - hoofdstuk IV § 8100000 (control: **a priori**)
    - Apixaban (Eliquis®) 2.5mg twice daily
        - hoofdstuk IV § 8790000 (control: **a priori**)
        - hoofdstuk IV § 7750000 (control: **a priori**)

Reimbursement for Xarelto® will end automatically after 1/9/24. If a new reimbursement request for substitute is made before September 1st, this will generate an error in CIVARS if there is a cumulative reimbursement for rivaroxaban still ongoing. This can be solved by ending the reimbursement for rivaroxaban in CIVARS and making a new reimbursement request on the FOLLOWING day.

We will continue to follow up the situation and hope for a resolution to this problem,

Yours sincerely,



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