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ERRATUM

Erratum to: Clinical Use of Rivaroxaban: Pharmacokinetic and Pharmacodynamic Rationale for Dosing Regimens in Different Indications

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Erratum to: Drugs (2014) 74(14):1587–1603
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Page 1589, section 2.1, paragraph 1, lines 31–37: The following two sentences, which previously read:

Through population pharmacokinetic analysis the expected peak and trough plasma concentrations for rivaroxaban in the treatment of VTE are 270 μg/L (189–491 μg/L) and 26 μg/L (6–87 μg/L), respectively. For atrial fibrillation the concurrent values are 249 μg/L (184–343 μg/mL) and 44 μg/L (12–137 μg/L) [22].

should read:

Through population pharmacokinetic analysis the expected peak and trough plasma concentrations for rivaroxaban 20 mg in the long-term treatment of VTE are 270 μg/L (189–419 μg/L) and 26 μg/L (6–87 μg/L), respectively. For patients with atrial fibrillation and creatinine clearance (CrCl) ≥50 mL/min the concurrent values are 249 μg/L (184–343 μg/mL) and 44 μg/L (12–137 μg/L) [22].

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Page 1590, section 2.3, paragraph 1, lines 4–6: The following sentence, which previously read:

Without food, the bioavailability of a 20-mg dose of rivaroxaban was 66 % and the AUC was 1,447 μg·h/L.

should read:

Without food, the bioavailability of a 20-mg dose of rivaroxaban was 66 % and the AUC was 1,477 μg·h/L.

Page 1592, right-hand column, lines 11–17, over to page 1593, lines 1–3: The following sentence, which previously read:

When the trial of rivaroxaban compared with enoxaparin 30 mg twice daily (RECORD4; $n = 12{,}729$) was included in a pooled analysis of all four RECORD trials, rivaroxaban was associated with a significantly lower incidence of symptomatic VTE plus all-cause mortality than enoxaparin on treatment (Table 3), with no significant differences between treatments in terms of major bleeding, major plus non-major clinically relevant bleeding, or any bleeding [42].

should read:

When the trial of rivaroxaban compared with enoxaparin 30 mg twice daily (RECORD4; $n = 3{,}148$) was included in a pooled analysis of all four RECORD trials ($n = 12{,}729$), rivaroxaban was associated with a significantly lower incidence of symptomatic VTE plus all-cause mortality than enoxaparin on treatment (Table 3), with no significant differences between treatments in terms of major bleeding, major plus non-major clinically relevant bleeding, or any bleeding [42].