

**South East London Area Prescribing Committee  
Formulary recommendation**

<b>Reference:</b>	<b>065</b>
<b>Intervention:</b>	<b>Rivaroxaban 10mg tablets for thromboprophylaxis post pelvic ring/acetabular fracture in adults</b> (Rivaroxaban is an antithrombotic agent used in adults to prevent blood clots in the veins)
<b>Date of Decision</b>	<b>April 2017</b>
<b>Date of Issue:</b>	<b>May 2017</b>
<b>Recommendation:</b>	<b>RED – suitable for prescribing and supply by hospital only</b>
<b>Further Information</b>	<ul style="list-style-type: none"> <li>• Rivaroxaban 10mg tablets are accepted for use in South East London as an option for thromboprophylaxis in patients with pelvic ring/acetabular fractures.</li> <li>• Inpatients will receive low molecular weight heparin (LMWH). From discharge to 3 months post fracture, patients may be switched to rivaroxaban tablets at a dose of 10mg daily.</li> <li>• Rivaroxaban will be prescribed by the orthopaedic team and the full supply provided by the initiating hospital.</li> <li>• The Committee accepted that the evidence base in this specific setting is weak, however there is no strong evidence for LMWHs in this setting either (current standard of care). Existing data for the use of rivaroxaban in the prevention of venous thromboembolism post- hip and knee arthroplasty provide some assurance that rivaroxaban would be effective in this setting.</li> <li>• The availability of oral rivaroxaban in this setting will provide convenience for patients vs. sub-cutaneous LMWH injections (and may increase compliance). Additionally, for housebound patients (estimated 10% to 20% of patients), the use of rivaroxaban is likely to free up district nursing capacity.</li> <li>• It should be noted that rivaroxaban is not licensed for thromboprophylaxis post pelvic ring/ acetabular fracture. This should be communicated to the patient in line with the organisation's usual consent processes.</li> <li>• Funding will need to be confirmed at individual Trust level as rivaroxaban will be prescribed and supplied by the hospital.</li> <li>• Orthopaedic teams should work collaboratively with thrombosis teams to ensure that outcomes from the use of rivaroxaban are used to further inform clinical use in this setting, including the benefits and risks.</li> </ul>
<b>Shared Care/ Transfer of care required:</b>	N/A

<b>Cost Impact for agreed patient group</b>	<ul style="list-style-type: none"> <li>• The current application comes from the trauma centre at King's College Hospital. It is estimated that that approximately 150 patients in South East London will be treated with rivaroxaban (surgical and non-surgical).</li> <li>• The cost of treatment with enoxaparin 40mg daily for 3 months is £90 per patient. The cost of treatment with rivaroxaban 10mg daily for 3 months is £170.64 per patient.</li> <li>• Based on this, the use of rivaroxaban would increase costs by ~£12,000 per year.</li> </ul>
<b>Usage Monitoring &amp; Impact Assessment</b>	<p>Acute Trusts:</p> <ul style="list-style-type: none"> <li>• Monitor and audit use.</li> <li>• Submit usage data and audit reports upon request to the APC.</li> </ul> <p>CCGs:</p> <ul style="list-style-type: none"> <li>• Monitor ePACT data</li> <li>• Monitor exception reports from GPs if inappropriate transfer of prescribing to primary care is requested.</li> </ul>
<b>Evidence reviewed</b>	<p><b>References (extracted from evidence evaluation)</b></p> <ol style="list-style-type: none"> <li>1. Montgomery KD, Geerts WH, Potter HG, Helfet DL. Thromboembolic complications in patients with pelvic trauma. Clin Orthop 1996;329:68-87</li> <li>2. Slbogean GP, Lefaivre KA, Nicolaou S et al. A Systematic Review of thromboprophylaxis for pelvic and acetabular fractures. Journal of Orthopaedic Trauma 2009;23:379-84</li> <li>3. NICE Clinical Guideline 92 (Jan 2010, update June 2015) : Venous thromboembolism: reducing the risk for patients in hospital. Available <a href="#">here</a>.</li> <li>4. American College of Chest Physicians. Prevention of VTE in orthopaedic surgery patients. CHEST 2012; 141/2 supplement e285S-e316S</li> <li>5. Venous thromboembolic (VTE) disease prophylaxis in pelvic and acetabular trauma version 2. Department of trauma and orthopaedics. Cambridge University Hospitals NHS Foundation Trust. Approved September 2015.</li> <li>6. Monzon DG, Iserson KV, Cid A, Vazquez JA. Oral thromboprophylaxis in pelvic trauma: A Standardised Protocol. The Journal of Emergency Medicine 2012;43:4:612-617</li> <li>7. Eriksson BI, Borris LC, Friedman RJ, Haas S, Huisman MV, Kakkar AK et al, for the RECORD 1 study group. Rivaroxaban versus enoxaparin for thromboprophylaxis after hip arthroplasty. N Eng J Med 2008; 358: 2765-75.</li> <li>8. Kwong L, Turpie AGG. Real-world data confirm clinical trial outcomes for rivaroxaban in orthopaedic patients. Current Orthopaedic Practice 2015; 26:3: 299-305</li> <li>9. Kakkar AK, Brenner B, Dahl OE, Eriksson BI, Mouret P, Muntz J et al, for the RECORD 2 investigators. Extended duration rivaroxaban versus short-term enoxaparin for the prevention of venous thromboembolism after total hip arthroplasty: a double-blind randomised controlled trial. Lancet 2008; 372: 31-39.</li> <li>10. Lassen MR, Ageno W, Borris LC, Lieberman JR, Rosencher N, Bandel TJ et al, for the RECORD 3 investigators. Rivaroxaban versus enoxaparin for Thromboprophylaxis after total knee arthroplasty. N Eng J Med 2008; 358: 2776-86.</li> </ol>

**NOTES:**

- a) Area Prescribing Committee recommendations and minutes are available publicly on member CCG websites.
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**