MTRAC
Midlands Therapeutics Review and Advisory Committee

Implementation support

Rivaroxaban 2.5 mg twice daily (Xarelto®▼)

For the secondary prevention of atherosclerotic events in adults with CAD or symptomatic PAD

Commissioning guidance:

Commissioners may wish to bear the following in mind when considering the implementation of the NICE guidance on the use of Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease (TA607)[2]:

- Most patients will have been discharged from secondary care for at least a year following an athero--sclerotic event (*ca*. 62% had suffered a myocardial infarction [MI] in the COMPASS trial) and subsequent dual anti-platelet treatment, so this will be an issue for primary care.
- The NICE guidance describes the use of rivaroxaban plus aspirin as an option for preventing atherothrombotic events in adults with coronary artery disease (CAD) or symptomatic peripheral artery disease (PAD) who are at high risk of ischaemic events.
  - Assess the person's risk of bleeding before considering rivaroxaban, and only start treatment after an informed discussion of the risks of atherothrombotic events weighed against the risk of bleeding.
  - The risks and benefits of continuing treatment with rivaroxaban should be reviewed regularly.
  - NICE CG172 (secondary prevention of MI)[3] advises use of a proton pump inhibitor in patients with aspirin-induced ulcer bleeding, and in people with dyspepsia. The Oxford Vascular Study[7] suggested that all patients over 75 receiving antiplatelet treatment following an ischaemic vascular event should have a PPI co-prescribed with aspirin.
- Consider local care pathways if implementing the use of rivaroxaban:
  - The committee considered that there would be significant resource/capacity issues associated with screening patients for eligibility for rivaroxaban treatment. Options for patient selection include: initiation in new patients only, an option for discussion at the patients' annual review, or via case finding; with assessment of the associated resource/capacity needs.
  - Potential for development of a local CCG or STP-wide implementation plan, and liaison with vascular centres (both CABG/PAD).
  - An option for discussion with local Primary Care Networks, case-finding or reviews potentially a job for PCN pharmacists
  - Other local arrangement with Secondary care e.g. use of Blueteq to facilitate secondary care initiation of treatment
- Localities need to decide how to assess/record bleeding risk – to ensure an informed discussion of risks and benefits with patients. The HAS-BLED score is a potential tool, with the *caveat* that it has only been validated for use in people with atrial fibrillation.
- Appropriate monitoring arrangements need to be in place to assess continued benefit/risk balance. At least an annual review and more frequently in people with comorbidities.
- NICE estimates a low impact of the guidance and uptake similar to the use of ticagrelor. This may be due to the need to discuss the risk of a bleed. In the West Midlands, this cost is estimated to be between £0.5 to 1.5 million per year, based on an uptake of between 2.9% and 5.8% in atherosclerosis patients.
- Consider an audit of GI bleeds in patients receiving rivaroxaban and aspirin, given the significantly greater incidence compared with aspirin alone (see Adverse events section).

MTRAC considered the implementation of the NICE guidance at the request of local Commissioners

References

1. Bayer plc. Xarelto 2.5 mg film-coated tablets 2020.
2. NICE. Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease (TA607) 2019.
3. NICE. Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular events (CG172) 2013.
4. Eikelboom JW et al. Rivaroxaban with or without Aspirin in Stable CV Disease. *NEJM* 2017;377(14):1319-30.
5. Anand SS et al. Rivaroxaban with or without aspirin in patients with stable peripheral or carotid artery disease: an international, randomised, double-blind, placebo-controlled trial. *Lancet* 2018;391(10117):219-29.
6. Connolly SJ et al. Rivaroxaban with or without aspirin in patients with stable coronary artery disease: an international, randomised, double-blind, placebo-controlled trial. *The Lancet* 2018;391(10117):205-18
7. Li L et al. Age-specific risks, severity, time course, and outcome of bleeding on long-term antiplatelet treatment after vascular events: a population-based cohort study. *The Lancet* 2017;390(10093):490-99.
8. Moayyedi P et al. Pantoprazole to Prevent Gastroduodenal Events in Patients Receiving Rivaroxaban and/or Aspirin in a Randomized, Double-Blind, Placebo-Controlled Trial. *Gastroenterology* 2019;157(2):403-12.e5.
9. Moayyedi P et al. Safety of Proton Pump Inhibitors Based on a Large, Multi-Year, Randomized Trial of Patients Receiving Rivaroxaban or Aspirin. *Gastroenterol.* 2019;157(3):682-91.e2.

10. Eikelboom JW et al. Major Bleeding in Patients With Coronary or Peripheral Artery Disease Treated With Rivaroxaban Plus Aspirin. *JACC* 2019;74(12):1519-28.

11. NICE. Resource impact report: Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease (TA607) 2019.

