



NSW
Therapeutic
Advisory
Group Inc.

Advancing
quality use
of medicines
in NSW

Group Discussion

Date: 2018

Question:

A member has enquired whether other hospitals are experiencing the routine use of Rivaroxaban for DVT prophylaxis for orthopaedic procedures other than hip or knee replacement in preference to enoxaparin sodium. If so, how widespread is this practice in your hospital and has an analysis of evidence for or against been undertaken?

Background:

Current TGA registration: Prevention of venous thromboembolism (VTE) in adult patients who have undergone major orthopaedic surgery of the lower limbs (elective total hip replacement, treatment for up to 5 weeks; elective total knee replacement, treatment for up to 2 weeks).

Current PBS listing for orthopaedic surgery: Streamlined authority required for prevention of venous thromboembolism

-Patient must be undergoing total hip replacement (20 and 30 days supply), or

-Patient must be undergoing total knee replacement (10 and 15 days supply)

Responses:

4 responses were received from: Eurobodalla Health Services and Tamworth, Concord and St George Hospitals. A search of the NSW TAG DTC Decision Making Register was also conducted.

Eurobodalla Health Services

We don't have routine use of rivaroxaban for surgeries other than post hip or knee. We have rehab (no orthopaedic surgery) at Moruya district hospital but we see some patients with hip fractures, who attended ED at Moruya hospital, transferred to Bega hospital for surgery then returned to moruya for rehab before discharge. Some of these patients are given rivaroxaban in place of enoxaparin for DVT prophylaxis for the 30 day recommended prevention period post hip # surgery. Interesting to note when I discussed this with the rivaroxaban rep, he reiterated that it was actually only indicated for elective hip replacement surgery. He said the use is post hip surgery for non-elective patients can't be officially recommended which made me wonder if we should be using it for situations like these or not – we still sometimes do but not routinely.

Tamworth Hospital

We haven't seen this practice. I wonder whether the PBS indications, have prevented Drs from doing so, as we (pharmacy) only dispense 7 days on d/c, so these 'other orthopaedic indications' wouldn't be eligible for the 'remainder of Rivaroxaban treatment' on the PBS.

Concord Hospital

In late 2016, this issue was discussed by the DTC and correspondence was sent to the Head of Surgery. I understand patients are still provided the option of rivaroxaban for non-approved indications but Pharmacy does not supply it.

Pharmacy routine surveillance has indicated an increase in the use of rivaroxaban for off-label indications including Venous Thromboembolism (VTE) prophylaxis following surgical procedures of the ankle.

Rivaroxaban is currently indicated for the following indications at Concord Hospital:

- Prevention of VTE following elective hip or knee replacement;
- Treatment of acute VTE and prevention of subsequent VTE;
- Non-valvular atrial fibrillation and a high risk of stroke or systemic embolism.

All other indications will require the approval of the Concord Hospital Drug and Therapeutics Committee following an Individual Patient Use application or a Formulary Submission. Rivaroxaban will not be provided by Concord Hospital where these conditions are not met.

St George Hospital

Orthopaedic surgery at St George is almost entirely non-elective so we see only small usage.

It is on formulary for that indication.

DTC Decision-making register

2017

Two IPUs were received for DVT prophylaxis following ankle surgery (10mg daily for 14 days) by Royal North Shore and Ryde Hospitals DTC. This DTC declined a formulary submission for rivaroxaban for VTE prophylaxis in postoperative foot and ankle patients who will be non-weight bearing and individually assessed to have high risk factors for VTE

2016

No formulary or IPUs for rivaroxaban listed.

Responses received as at 6 March 2018

Please note that all information and policies are only current at the time the response is sent and individual hospitals should be contacted to ascertain current policies and practices. The responses received are only representative of the hospitals participating in the discussion at the time and do not necessarily indicate a complete picture of current practices. Information sharing occurs on the understanding that due acknowledgement will be given to the original source and that the information will not be quoted or used out of the context of the discussion. Permission should be sought from the original source before any policy, protocol or guideline is used or applied in another setting.