Part VI: Summary of the risk management plan

Summary of risk management plan for Rivaroxaban STADA 15 mg, 20 mg, and 15 mg + 20 mg capsules (Rivaroxaban)

This is a summary of the risk management plan (RMP) for Rivaroxaban STADA. The RMP details important risks of Rivaroxaban STADA, how these risks can be minimised, and how more information will be obtained about invented name's risks and uncertainties (missing information).

Rivaroxaban STADA's summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how Rivaroxaban STADA should be used.

I. The medicine and what it is used for

Rivaroxaban STADA is authorised for:

- Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.
- Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as congestive heart failure, hypertension, age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack.
- Treatment of venous thromboembolism (VTE) and prevention of VTE recurrence in children and adolescents aged less than 18 years and weighing from 30 kg to 50 kg after at least 5 days of initial parenteral anticoagulation treatment (Rivaroxaban STADA 15 mg capsules).

(see SmPC for the full indication). It contains rivaroxaban as the active substance and it is given orally.

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of Rivaroxaban STADA, together with measures to minimise such risks and the proposed studies for learning more about Rivaroxaban STADA risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine’s packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine’s legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of Rivaroxaban STADA, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

If important information that may affect the safe use of Rivaroxaban STADA is not yet available, it is listed under 'missing information' below.

II.A List of important risks and missing information

Important risks of Rivaroxaban STADA are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Rivaroxaban STADA. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine);

List of important risks and missing information	
Important identified risks	• Haemorrhage
Important potential risks	• Embryo-foetal toxicity
Missing information	• Patients with severe renal impairment (CrCl < 30 mL/min) • Patients receiving concomitant systemic inhibitors of CYP3A4 or P gp other than azole antimycotics (e.g. ketoconazole) and HIV-protease inhibitors (e.g. ritonavir) • Remedial pro-coagulant therapy for excessive haemorrhage • Pregnant or breast-feeding women • Patients with atrial fibrillation (AF) and a prosthetic heart valve • Long-term therapy with rivaroxaban in treatment of DVT, PE, and Systemic embolism in adult patients with non-valvular atrial fibrillation (SPAF) and acute coronary syndrome (ACS) in real-life setting • Patients with significant liver diseases (severe hepatic impairment/Child Pugh C)

II.B Summary of important risks

Important identified risk Haemorrhage	
Risk minimisation measures	<u>Routine risk minimisation measures:</u> - *SmPC sections 4.3, 4.4, and 4.8* - *Prescription only medicine* - *Limited pack sizes* <u>Additional risk minimisation measures:</u> - *Prescriber Guide* - *Patient Alert Card*

Important identified risk Haemorrhage	
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Important potential risk Embryo-foetal toxicity	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.3, 4.6 and 5.3* - *Prescription only medicine* - *Limited pack sizes* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients with severe renal impairment (CrCl < 30 mL/min)	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.2 and 4.4* - *Prescription only medicine* - *Limited pack sizes* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients receiving concomitant systemic inhibitors of CYP3A4 or P gp other than azole antimycotics (e.g. ketoconazole) and HIV-protease inhibitors (e.g. ritonavir)	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.4 and 4.5* - *Prescription only medicine* - *Limited pack sizes*

Missing information Patients receiving concomitant systemic inhibitors of CYP3A4 or P gp other than azole antimycotics (e.g. ketoconazole) and HIV-protease inhibitors (e.g. ritonavir)	
	Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Remedial pro-coagulant therapy for excessive haemorrhage	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC section 4.9* - *Prescription only medicine* - *Limited pack sizes* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Pregnant or breast-feeding women	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.3, 4.6 and 5.3* - *Prescription only medicine* - *Limited pack sizes* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients with atrial fibrillation (AF) and a prosthetic heart valve	
Risk minimisation measures	Routine risk minimisation measures:

Missing information Patients with atrial fibrillation (AF) and a prosthetic heart valve	
	- *SmPC section 4.4* - *Prescription only medicine* - *Limited pack sizes* <u>Additional risk minimisation measures:</u> - *None*
Additional pharmacovigilance activities	<u>Additional pharmacovigilance activities:</u> - *None*

Missing information Long-term therapy with rivaroxaban in treatment of DVT, PE, and Systemic embolism in adult patients with non-valvular atrial fibrillation (SPAF) and acute coronary syndrome (ACS) in real-life setting	
Risk minimisation measures	<u>Routine risk minimisation measures:</u> - *Currently available data do not support the need for risk minimisation measures* <u>Additional risk minimisation measures:</u> - *None*
Additional pharmacovigilance activities	<u>Additional pharmacovigilance activities:</u> - *None*

Missing information Patients with significant liver diseases (severe hepatic impairment/Child Pugh C)	
Risk minimisation measures	<u>Routine risk minimisation measures:</u> - *SmPC sections 4.2, 4.3 and 5.2* - *Prescription only medicine* - *Limited pack sizes* <u>Additional risk minimisation measures:</u> - *None*
Additional pharmacovigilance activities	<u>Additional pharmacovigilance activities:</u> - *None*

II.C Post-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of Rivaroxaban STADA.

II.C.2 Other studies in post-authorisation development plan

There are no studies required for Rivaroxaban STADA.