



21<sup>st</sup> June 2011

Dabigatran etexilate (Pradaxa®▼) and  
Rivaroxaban (Xarelto®▼) for prophylaxis of venous  
thromboembolism following orthopaedic surgery

**The New Therapies Subgroup discussed the above drugs at a meeting on the 17<sup>th</sup> June 2008 and again on 21<sup>st</sup> June 2011. The recommendation of this subgroup is as follows:\***

The New Therapies Subgroup of the GMMMG considered the use of dabigatran etexilate (Pradaxa®▼) and rivaroxaban (Xarelto®▼) for the prophylaxis of venous thromboembolism in patients following orthopaedic surgery.

**The group recommends dabigatran and rivaroxaban as treatment options for patients requiring prophylaxis of venous thromboembolic events following orthopaedic surgery as per current NICE guidance.**

Current data shows both drugs to be at least as effective as enoxaparin however place in current treatment protocols is unclear and any decision to prescribe must be made by a specialist after a comprehensive discussion with the patient.

**The group noted the lack of data in patients considered at a high-risk of any bleeding episode, pregnant patients or in patients requiring thromboembolic prophylaxis for long-distance traveling and therefore does not recommend its use in these patients.**

The group recommends that commissioners may wish to include provision of a full course of treatment in contracts with providers. Costs would be similar to that currently spent on low molecular weight heparins.

Review date: June 2013

\* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.